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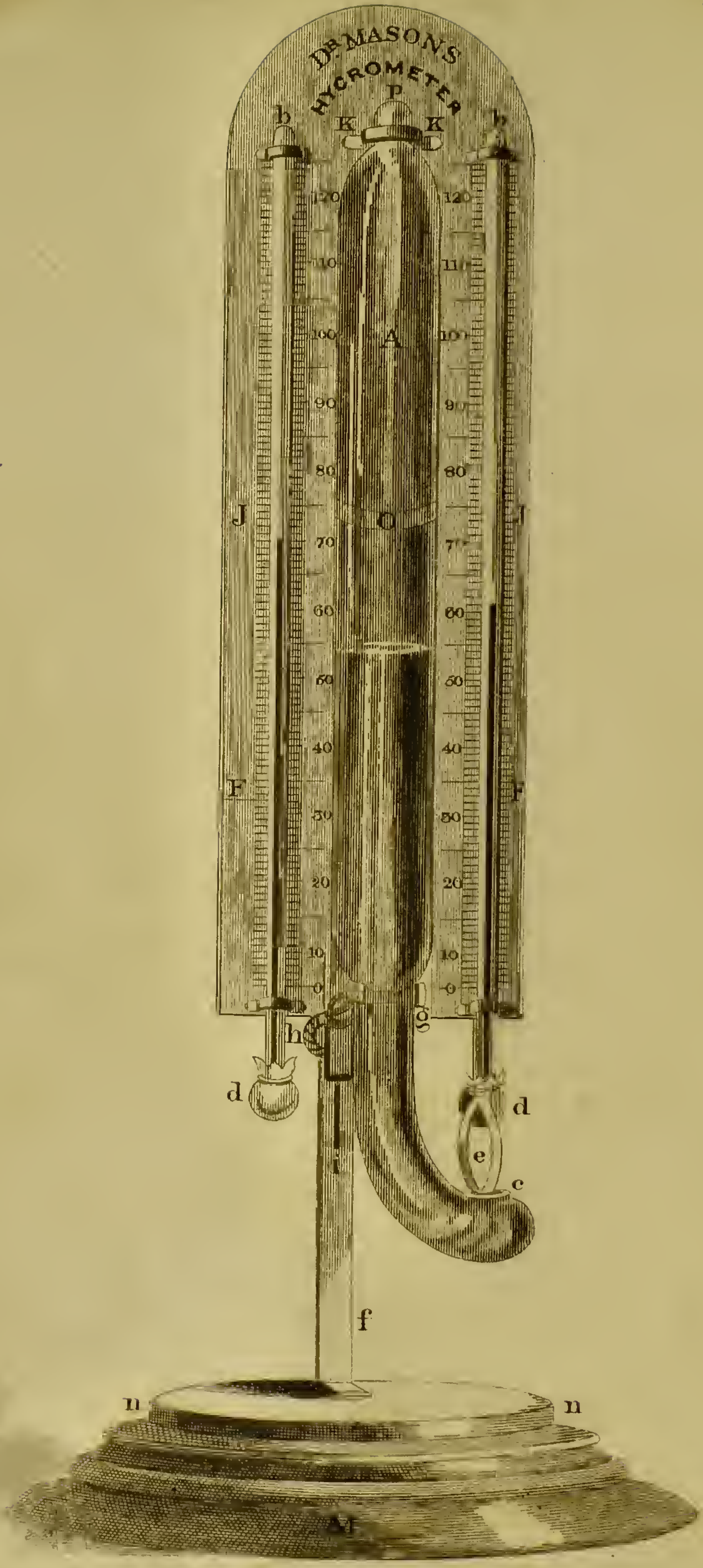
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THE

# BRITISH MEDICAL ALMANACK, 1837;

BIBLIOTH. COLL. REG.

CONTAINING

The Calendar.
A Chronological History of Medicine.
LONDON.—The College of Physicians; the College of Surgeons; Apothecaries' Company; Licentiates and Graduates, 1835-6; Medical and Scientific Societies; Benevolent Societies; Table of Meetings of Societies; Medical Department of the Army; Medical Department of the Navy; a Tabular View of the Medical Schools; Fees; Days and Hours of Lecturing; Hospitals; Table of the Fees; Infirmaries; Dispensaries; Museums; Libraries; Universities.
Provincial Medical and Surgical Association.
Provincial Hospitals; Societies; Schools.
EDINBURGH. — University; Colleges; Societies; Infirmary; Dispensaries.
GLASGOW.—Medical Institutions.
ABERDEEN and ST. ANDREW'S Universities, &c.
DUBLIN, CORK.—Medical Institutions.

SUPPLEMENT.

The Rise and Progress of the Provincial Medical and Surgical Association.

Statistics of Mortality and Sickness. By T. R. Edmonds, Esq., B.A.
Weight of the Human Body and Brain at all ages.
Practice of the 14 Principal Hospitals in England respecting the Post Mortem Examination of Patients.
Weights and Measures.—Comparison of Foreign with London Apothecaries' Weight.
Auscultation and Percussion.
Formulary of New Medicines.—(Magendie's abridged, with many additional substances.)
National Statistics.
On the Mortality of Officers in the English Army; the Influence of different Months on the Mortality: by Lieutenant Tulloch.
Description of a Wet Bulb Hygrometer, by J. A. Mason, M. D. (With a plate.)
Statistics of Hospitals.
Table of the British Hospitals.
Acts of Parliament.
Miscellaneous Articles.

Continued Annually.

EDITED BY WILLIAM FARR.

SHERWOOD, GILBERT, AND PIPER,
PATERNOSTER-ROW.

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# INTRODUCTION.

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The British Medical Almanack for 1837 has been considerably enlarged, to comprehend subjects neglected before, or incompletely noticed, but possessing legitimate claims to a place in an Annual designed for the Medical Profession. It will be restricted to the present size; yet every year will, we sanguinely hope, render its pages more complete and useful, as every year the number of contributors, the value of the information received from all parts of the country, and its success, have increased.

The *Chronological History of Medicine* was, in the last Almanack, brought down to the destruction of the Eastern empire. Instead of Hecker, Sprengel has this year been taken for a guide: the Chronology has been recommenced at the rise of the Arab schools, and continued down to Harvey. The greater part of this period belongs to the dark ages; yet it is full of interest. Medicine was gaining ground among the tribes of the desert, and the hordes of the north; valuable medicinal agents were found; the structure of the human body was explored; the function of the heart and the movements of the blood were established. The progress of science was never absolutely arrested.

On passing to the societies, the schools, and the hospitals in the country, it will appear that here also there has been progress. In his eloquent discourses on Medical reform, Mr. Lawrence had to inform the Council of the College of Surgeons that there were *Surgeons* and hospitals in the country; the College of Physicians had connaissance of none but a few gentlemen, whom it stamped as *Extra*—Licentiates in the land of utter darkness, seven miles removed from London. Such was the state of things not many years ago; now turn to the Almanack, of 1837, from Aylesbury, Bristol, and Bath, to York, and count the names of the men as much distinguished by useful labours, or as zealously striving in the cause of science as their most successful brethren in London. The metropolis always derived its strength and talent from the country; its advantages rest on the basis that it is nearer to all the remote parts of the kingdom than they are to each other; it is the centre of the empire, which places every town and province in communication with the rest. But the intelligence and the power of the Medical Profession can no longer be circumscribed by a line drawn seven miles round London—the circle must extend to the shores of these islands.

In the *Supplement*, the writer of the article on the Provincial Medical and Surgical Association has spoken of that institution in terms of unmixed praise. In this he was fully justified; but it is high time now that the members of the association should be identified with some important scientific undertaking. Great purposes breathe life into a society. And the registry of epidemics, so strongly urged by the Council, is undoubtedly a good project, to which all the members can contribute. Many of the London societies are rather places of honourable repose for those who have already distinguished themselves, than institutions actively organized for the cultivation of Science. Their utility cannot be denied; but the present age requires institutions animated by a zeal for the joint observation of extensive series of facts, and the critical examination of new principles. Our associations should not be the Greenwich hospitals of science; but, like some gallant fleet sweeping onwards to fresh conquests, or guided by master minds, steering silently to the realization of some profound conception—to the discovery of some distant world.

The Statistics of Mortality and Sickness form the basis of Medical Science. Without a knowledge of the laws of mortality and disease on a large scale, and without being well versed in the methods by which they are deduced, the Physician practises unguided by the light of general principles, which, even in individual cases, should never be forgotten. The application of the

Constant—discovered by Mr. Edmonds in investigating the rate of general mortality—to the sickness and the fatality of attacks at each age, is one of the most important accessions lately made to pathology. Numbers, although they have contributed so much to the progress of other sciences, have been very sparingly applied to medicine. This is partly the fault of the schools. Mathematics were cultivated in the English Universities, but their application to the natural sciences was not pointed out; and the abstract principles escaped from the mind. Mathematics did not form a part of the studies at the Scotch Universities, where a majority of the English Physicians were educated; and in London these principles are still neglected for Latin,—an instrument of insignificant importance when weighed against the elements of arithmetical science. A good authority stated, that there were four members in the *unreformed* House of Commons who, on an emergency, could convert a vulgar into a decimal fraction. The mathematics of our presiding bodies are, we hope, in a more flourishing state. Medical statistics, at present, only require a knowledge of the simplest rules of arithmetic; but the applied mathematics would be an excellent substitute for Latin in the examinations.

The Rev. Charles Oxendon's Table of the present state of *Post Mortem* Examinations in the English Hospitals will be read with interest and pleasure. A formulary of new medicines, in the absence of a Pharmacopœia was indispensable. When a new Pharmacopœa is published, it may still remain useful.

The writer of the article National Statistics has rectified the errors which the English government has been unconsciously diffusing from year to year. Two injuries have been committed; the public money has been sacrificed to procure incorrect results, and the public has been misled. The loss of £300,000 is only a slight consequence of the official errors. Yet £300,000 would have made a noble foundation for the new University. With £300,000, many scientific investigations may have been carried to a successful issue. To lose it, the government actuary did this violence to medical science,—he admitted that selected hale men of 80 or 90 years would live no longer than the entire class—sick, infirm, and bedridden included— at that age.

The subject of *Hospital Statistics* and Registration will, we hope, attract the attention of some of the talented persons connected with the Hospitals.

The *Hygrometer by evaporation*, invented by Dr. Mason, is an elegant instrument, well calculated for general use. Accurate tables will, no doubt, soon be calculated, to show the dew-point by simple inspection. August, of Berlin, who made an hygrometer by evaporation, assumed that the dryness was twice the difference between the wet bulb and the other thermometer. Dr. Mason's experiments led him to infer, that this was only true when the instrument was placed in a strong current of air. We have not published the table, as it may be procured with the instrument; but it was formed by doubling the difference between the two thermometers, when the wet bulb was exposed to currents of air at various degrees of saturation. After placing the hygrometer in our hands, with an invaluable series of observations made in Madeira, and many interesting remarks on its climate, our friend left England for the south of France. He wrote that in Paris the instrument was highly approved of by Pouillet and other eminent persons to whom it was submitted. On reaching Nice, he intended to repeat his experiments, to renew his labours, and to render the table for the hygrometer perfect. But this little instrument must now be his monument. He died on the 20th of October, a few days after reaching Nice. We knew him intimately, and had many opportunities, in Paris and London, of witnessing his zeal for the cause of truth, his indefatigable labours, his talent for observation, and the sincerity of his friendship. When we last bade him farewell, we had hoped it was not eternal.

## Moon's Aspects.

New Moon 6 day 11h. 46m. aft.
First Quarter 13 day 5h. 11m. aft.
Full Moon 21 day 7h. 45m. morn.
Last Quarter 29 day 6h.30m. aft.
☽ Perigee 7 day 4h. morn.
☽ Apogee 20 day 12h. aft.

| D. of Month. | Wk. days. | HOLIDAYS, SUNDAYS, AND MEDICAL WRITERS. | Sun rises. | Sun sets. | Equa. Time. Clock bef. sun | Sun's Declination. | Moon's Age. Noon. | Moon's Southing. |
|---|---|---|---|---|---|---|---|---|
| | | | h. m. | h. m. | m. s. | south. | days. | h. m |
| 1 | A | Sun. aft. Chtms. | 8 5 | 3 55 | 3 57 | 23° 1′ | 24.0 | morn. |
| 2 | M. | D.breaks,5h.58m | 8 4 | 3 56 | 4 25 | 22°55′ | 25.0 | 7 36 |
| 3 | Tu. | | 8 4 | 3 56 | 4 53 | 22°50′ | 26.0 | 8 27 |
| 4 | W. | L. of day 7h.55m. | 8 3 | 3 57 | 5 20 | 22°43′ | 27.0 | 9 25 |
| 5 | Th. | Walther, *b.* 1780 | 8 2 | 3 58 | 5 48 | 22°37′ | 28.0 | 10 29 |
| 6 | Fr. | Epiphany | 8 1 | 3 59 | 6 14 | 22°30′ | 29.0 | 11 36 |
| 7 | Sa. | D.breaks,5h.56m | 8 0 | 4 0 | 6 40 | 22°22′ | 0.5 | aftern. |
| 8 | A | 1 Sun. aft. Epiph. | 8 0 | 4 0 | 7 6 | 22°14′ | 1.5 | 1 47 |
| 9 | M. | Plow Monday | 7 59 | 4 1 | 7 31 | 22° 6′ | 2.5 | 2 46 |
| 10 | Tu. | L. of day 8h. 4m. | 7 58 | 4 2 | 7 56 | 21°57′ | 3.5 | 3 39 |
| 11 | W. | Hil. Term begins | 7 57 | 4 3 | 8 20 | 21°48′ | 4.5 | 4 28 |
| 12 | Th. | | 7 56 | 4 4 | 8 43 | 21°38′ | 5.5 | 5 13 |
| 13 | Fr. | Cam. Term begins | 7 55 | 4 5 | 9 6 | 21°28′ | 6.5 | 5 58 |
| 14 | Sa. | Oxf. Term begins | 7 53 | 4 7 | 9 28 | 21°18′ | 7.5 | 6 42 |
| 15 | A | 2 Sun. aft. Epiph. | 7 52 | 4 8 | 9 49 | 21° 7′ | 8.5 | 7 28 |
| 16 | M. | D.breaks,5h.50m | 7 51 | 4 9 | 10 10 | 20°55′ | 9.5 | 8 15 |
| 17 | Tu. | Lower *b.* 1653 | 7 50 | 4 10 | 10 30 | 20°44′ | 10.5 | 9 4 |
| 18 | W. | Garth *b.* 1718 | 7 48 | 4 12 | 10 49 | 20°31′ | 11.5 | 9 55 |
| 19 | Th. | L. of day 8h.26m. | 7 47 | 4 13 | 11 8 | 20°19′ | 12.5 | 10 46 |
| 20 | Fr. | Howard *b.* 1790 | 7 46 | 4 14 | 11 25 | 20° 6′ | 13.5 | 11 37 |
| 21 | Sa. | D.breaks,5h 44m | 7 44 | 4 16 | 11 42 | 19°53′ | 14.5 | morn. |
| 22 | | Septuages. Sun. | 7 43 | 4 17 | 11 58 | 19°39′ | 15.5 | 0 26 |
| 23 | M. | | 7 41 | 4 19 | 12 14 | 19°25′ | 16.5 | 1 13 |
| 24 | Tu. | | 7 40 | 4 20 | 12 29 | 19°11′ | 17.5 | 1 57 |
| 25 | W. | L. of day 8h.42m. | 7 38 | 4 22 | 12 42 | 18°56′ | 18.5 | 2 38 |
| 26 | Th. | D.breaks,5h.36m | 7 37 | 4 23 | 12 55 | 18°41′ | 19.5 | 3 21 |
| 27 | Fr. | D. Sussex *b.* 1773 | 7 35 | 4 25 | 13 8 | 18°26′ | 20.5 | 4 2 |
| 28 | Sa. | Borelli *b.* 1608 | 7 34 | 4 26 | 13 19 | 18°10′ | 21.5 | 4 44 |
| 29 | | Sexagesima Sun. | 7 32 | 4 28 | 13 30 | 17°54′ | 22.5 | 5 29 |
| 30 | M. | K. Chas. behead. | 7 30 | 4 30 | 13 40 | 17°38′ | 23.5 | 6 17 |
| 31 | Tu. | Hil. Term. ends. | 7 29 | 4 31 | 13 49 | 17°21′ | 24.5 | 7 10 |

### Physiological Observations.

London. — Mean Temp. of January, 36°1.—Mean Max. 39° 6.—Mean Min. 32° 6.— Dew point, 34° 3. — Dryness, 1.8°. — Rain, 1.48 inches. — Mean height of Barometer, 29.92 inches.—(*Daniel.*)

In this month, the coldest of the year, the surface of the skin is deprived of heat very rapidly by contact with the cold atmosphere; the lungs lose about 24 ounces of aqueous vapour, and the heat required for its evaporation, while only 17 ounces of vapour are expired in July. Old people and infants suffer most from increased cold, as the subjoined observations, by M. Quetelet, will evince: when exposed to a low temperature, they should therefore be warmly clothed.

| Ages. | Deaths during the months of | |
|---|---|---|
| | Jan. | July |
| First Mnth. | 3321 | 1719 |
| Years. 4— 6 | 878 | 600 |
| 8—12 | 616 | 447 |
| 12—16 | 409 | 420 |
| 16—20 | 502 | 545 |
| 20—30 | 1654 | 1520 |
| 40—45 | 818 | 613 |
| 62—65 | 968 | 525 |
| 79—81 | 658 | 332 |
| 90, &c. | 252 | 99 |

# CHRONOLOGICAL HISTORY OF MEDICINE.

## MEDICINE OF THE ARABS.

A. D.

600-700 A school existed in Dzchondisabour; the professors, for the most part Nestorians, taught theology, the sciences, and particularly medicine. This city had also a public hospital, where students, after an examination, learned to treat the sick. After the conquest of Egypt by Omar, the Greek Christians translated several medical and philosophical works into the Syriac and Arabic.

700-800 The caliph *Almansor* founded the city of Bagdad; and the academy of this city subsequently acquired great celebrity. Professors and students from all countries flocked to it; and at one time Bagdad contained, in all, 6000. Here the caliphs established the first *hospitals* and *dispensaries* to promote the study of medicine. The directors of a medical college examined those destined to practise.

800-1200 *Medicine* and the sciences spread through all the Mahometan states; but they attained the highest splendour in Spain. Alhakem established an *academy* in *Cordova*, the most celebrated in the world; and frequented by all the Christians of the west. In the 10th century, the *library* contained 224,000 volumes; and in the 12th century, 70 public libraries existed in the parts of Spain subject to the Moors.

*Anatomy* was not cultivated by the Arabs, as it was opposed by the Mussulman faith, which taught that the soul did not take wing at once, but clung to the body after death, crept from limb to limb, and at last took refuge in the chest.

*Chemistry* and *Pharmacy* were of all the departments of medical science most indebted to the Arabs. Their first chemist Ghebir lived in the 8th century; and in his works *corrosive sublimate, red precipitate, nitric acid, nitrate of silver*, and several other chemical preparations are mentioned.

*Alkohol*, juleb *jousab*, syrup *schirab*, bezoard *badezohr*, and many more pharmaceutical terms, are derived from the Arabs. Sabor-Ebnsahel, director of the school of Dzchondisabour, published, at the close of the 9th century, the first *dispensatory:* this was followed by others: that of Aboul-Hassan-Hebatollah-Ebno' Talmid enjoyed much celebrity in the 12th century, and was the guide of the Arab apothecaries.

600-700 *Ahrun*, a priest of Alexandria, the most ancient of the Arab writers, published a work in 30 books, entitled *Pandects*. He

## Moon's Aspects.

| | |
|---|---|
| New Moon 5 day 10h. 8m. morn. | Last Quar. 28 day 5h. 31m. mn. |
| First Quar. 12 day 9h. 38m. mn. | ☽ Perigee 4 day 4h. aft. |
| Full Moon 20 day 2h. 23m. aft. | ☽ Apogee 17 day 7h. morn. |

| Days of Month. | Wk. days. | HOLIDAYS, SUNDAYS, AND MEDICAL WRITERS. | Sun rises. | Sun sets. | Equa. Time. Clock bef. sun. | Sun's Declination. | Moon's Age. Noon. | Moon's Southing. |
|---|---|---|---|---|---|---|---|---|
| | | | h. m. | h. m. | m. s. | south. | days. | h. m. |
| 1 | W. | D.breaks,5h.31m | 7 27 | 4 33 | 13 57 | 17° 4′ | 25.5 | morn. |
| 2 | Th. | Candlemas day | 7 26 | 4 36 | 14 4 | 16°47′ | 26.5 | 9 12 |
| 3 | Fr. | Piquet, *d.* 1772. | 7 24 | 4 34 | 14 11 | 16°29′ | 27.5 | 10 19 |
| 4 | Sa. | L. of day 9h.16m. | 7 22 | 4 38 | 14 17 | 16°11′ | 28.5 | 11 24 |
| 5 | 𝔄 | Shrove Sunday | 7 20 | 4 40 | 14 22 | 15°53′ | 0.1 | aftern. |
| 6 | M. | Willis, *b.* 1622. | 7 18 | 4 42 | 14 26 | 15°35′ | 1.1 | 1 23 |
| 7 | Tu. | Shrove Tuesday | 7 17 | 4 43 | 14 29 | 15°16′ | 2.1 | 2 15 |
| 8 | W. | Ash Wednesday | 7 15 | 4 45 | 14 32 | 14°57′ | 3.1 | 3 4 |
| 9 | Th. | | 7 13 | 4 47 | 14 34 | 14°38′ | 4.1 | 3 51 |
| 10 | Fr. | L. of d. 9h. 37m. | 7 11 | 4 49 | 14 35 | 14°19′ | 5.1 | 4 37 |
| 11 | Sa. | Hecquet, *b.* 1661 | 7 9 | 4 51 | 14 35 | 13°59′ | 6.1 | 5 23 |
| 12 | 𝔄 | 1 Sun. in Lent | 7 8 | 4 52 | 14 34 | 13°39′ | 7.1 | 6 10 |
| 13 | M. | D.breaks,5h.12m | 7 6 | 4 54 | 14 33 | 13°19′ | 8.1 | 6 59 |
| 14 | Tu. | Valentine's day | 7 4 | 4 56 | 14 31 | 12°59′ | 9.1 | 7 50 |
| 15 | W. | Hebenstr. *b.* 1703 | 7 2 | 4 58 | 14 28 | 12°38′ | 10.1 | 8 41 |
| 16 | Th. | L. of day 9h. 59m. | 7 0 | 5 0 | 14 24 | 12°17′ | 11.1 | 9 32 |
| 17 | Fr. | Laennec, *b.* 1781 | 6 58 | 5 2 | 14 19 | 11°56′ | 12.1 | 10 22 |
| 18 | Sa. | Borsieri, *b.* 1725 | 6 56 | 5 4 | 14 14 | 11°35′ | 13.1 | 11 9 |
| 19 | 𝔄 | 2 Sun. in Lent | 6 54 | 5 6 | 14 9 | 11°14′ | 14.1 | 11 55 |
| 20 | M. | D.breaks,4h.58m | 6 53 | 5 7 | 14 2 | 10°52′ | 15.1 | morn. |
| 21 | Tu. | Stoerk, *b.* 1741 | 6 51 | 5 9 | 13 55 | 10°31′ | 16.1 | 0 38 |
| 22 | W. | L. of d. 10h. 22m. | 6 49 | 5 11 | 13 47 | 10° 9′ | 17.1 | 1 20 |
| 23 | Th. | | 6 47 | 5 13 | 13 39 | 9°47′ | 18.1 | 2 2 |
| 24 | Fr. | D. of Camb. born | 6 45 | 5 15 | 13 30 | 9°25′ | 19.1 | 2 44 |
| 25 | Sa. | D.breaks,4h.50m | 6 43 | 5 17 | 13 20 | 9° 3′ | 20.1 | 3 27 |
| 26 | 𝔄 | 3 Sun. in Lent | 6 41 | 5 19 | 13 10 | 8°40′ | 21.1 | 4 13 |
| 27 | M. | Arbuthnt. *d.* 1734 | 6 39 | 5 21 | 12 59 | 8°18′ | 22.1 | 5 4 |
| 28 | Tu. | L. of d. 10h. 46m. | 6 37 | 5 23 | 12 48 | 7°55′ | 23.1 | 5 59 |

### Meteorological Observations.

Monthly Mean Temperatures of London, and the neighbourhood of London, for the ten years 1807-16; deduced by Mr. Howard, from observations made at the apartments of the Royal Society, and Plaistow, Stratford, and Tottenham, within four miles of London. The Temperature of Kendal for the five years 1788-92, is given in Dr. Dalton's Meteorology.

*Monthly Mean Temperature.*

| Months. | London. | Country. | Kendal. |
|---|---|---|---|
| Jan. | 36° | 34° | 37° |
| Feb | 41 | 40 | 39 |
| Mar | 43 | 42 | 39 |
| Apr | 48 | 47 | 45 |
| May | 56 | 56 | 51 |
| Jun. | 60 | 59 | 56 |
| July | 63 | 62 | 57 |
| Aug | 63 | 61 | 58 |
| Sep | 58 | 56 | 53 |
| Oct. | 52 | 50 | 46 |
| Nov | 43 | 41 | 41 |
| Dec | 39 | 38 | 35 |

*Observe.* The Moon's age is given in days and tenths of days: thus the New Moon on the 5th of February being two hours, or the tenth part of a day, before noon, the age of the Moon at noon that day is given 0.1, being one-tenth of a day.

A.D. first described *small-pox;* attributed scrofula to low, bad diet; and observed spots on the body in epidemics; which he prognosticated from the state of the atmosphere.

800-900 *Jahiah-Ebn-Masawiah*, the elder Mesue, salaried at the court of Haroun-Al-Raschid, discovered that aversion for purgatives which afterwards distinguished the Arabs; who substituted for the drastics of the Greeks, *cassia*, *senna*, *tamarinds*, and other mild drugs, brought to light by their commerce.

*Honain-Ebn-Izhak*, a Nestorian, the best of the Arab translators: he wrote an introduction to medicine. By a milk diet he cured a consumptive patient, whose lungs had suppurated (?). His son *Izhak* described *phrenitis* in children.

*Serapion*, as well as Mesue and Honain, was a Syrian: in his work, *Kannach*, he described the symptoms of enlarged liver, and spleen: he had known many patients cured of *dropsy by antiphlogistics:* his remarks on the preparation of medicines are important.

*Alkhendi* translated Ptolemy, and wrote commentaries on Aristotle. He prescribed medicines, and accounted for their effects by the doctrines of geometrical proportion, and of musical harmony.

*Korrah* left numerous works, some of which exist in MS.: *Aben Guefith* made some curious remarks on the effects of drugs.

DIED 923—*Rhazes*, born at Ray, a city of Irak, became the most celebrated professor of medicine in Bagdad, and is one of the writers most creditable to the Arabs. In his principal work Hawi, (the Continent,) he makes some interesting observations on fevers; mentions ovarian dropsy as a new disease; describes hypochondriasis and *tic douloureux*. He once saw a patient vomiting a liquid so acid that it effervesced with an earth. Dropsy is sometimes caused by stone in the bladder. Uroscopy and the pulse were much studied by the Arabs. Friction of the skin with colocynth acts on the bowels. In chronic dysentery he gave quick lime, arsenic, and opium. Some surgeons cured fistula and ulcers by pressure. The strength should be attended to in bleeding, but infants may be bled when the disease is urgent. The fame of Rhazes rests upon his Treatise on *Small Pox* and *Measles*. In ordinary cases of small pox, he trusted to regimen; at first gave cold water to drink, prescribed vapour baths, and only administered purgatives where the bowels were confined: the diarrhœa should not be arrested, but treated with diluents. In the ten books dedicated to Almansor he mentions *aqua vitæ*, and beer made from barley, rye, or oats. He cauterized the bites of mad dogs; censured any attempt to extirpate cancer; attributed jaundice to obstruction of the three biliary

# MARCH XXXI DAYS. 1837.

## Moon's Aspects.

| | |
|---|---|
| New Moon 6 day 8h. 29m. aft. | Last Quar. 29 day 1h. 17m. aft. |
| First Quar. 14 day 4h. 8m. morn. | ☽ Perigee 4 day 12h. aft. |
| Full Moon 22 day 6h. 56m. morn. | ☽ Apogee 16 day 9h. aft. |

| Days of Month. | Wk. days. | Holidays, Sundays, and Medical Writers. | Sun rises. | Sun sets. | Equa Time. Clock bef.sun. | Sun's Declination. | Moon's Age. Noon. | Moon's Southing. |
|---|---|---|---|---|---|---|---|---|
| | | | h. m. | h. m. | m. s. | south. | days. | h. m. |
| 1 | W. | St. David | 6 35 | 5 25 | 12 36 | 7° 33′ | 24.1 | morn. |
| 2 | Th. | L. of d. 10h. 54m. | 6 33 | 5 27 | 12 24 | 7° 10′ | 25.1 | 8 2 |
| 3 | Fr. | | 6 31 | 5 29 | 12 11 | 6° 47′ | 26.1 | 9 6 |
| 4 | Sa. | | 6 29 | 5 31 | 11 58 | 6° 24′ | 27.1 | 10 7 |
| 5 | 𝔄 | Mid-Lent Sun. | 6 27 | 5 33 | 11 45 | 6° 0′ | 28.1 | 11 6 |
| 6 | M. | D.breaks 4h.32m | 6 25 | 5 35 | 11 31 | 5° 37′ | 29.1 | noon. |
| 7 | Tu. | Camb.Term ends | 6 23 | 5 37 | 11 16 | 5° 14′ | 0.6 | aftern. |
| 8 | W. | L. of d. 11h. 18m. | 6 21 | 5 39 | 11 1 | 4° 51′ | 1.6 | 1 39 |
| 9 | Th. | Bergman, *b*.1735 | 6 19 | 5 41 | 10 46 | 4° 27′ | 2.6 | 2 26 |
| 10 | Fr. | Malpighi, *b*.1628 | 6 17 | 5 43 | 10 31 | 4° 40′ | 3.6 | 3 13 |
| 11 | Sa. | | 6 15 | 5 45 | 10 15 | 3° 40′ | 4.6 | 4 2 |
| 12 | 𝔄 | 5 Sun. in Lent | 6 13 | 5 47 | 9 59 | 3° 17′ | 5.6 | 4 51 |
| 13 | M. | D.breaks 4h.17m | 6 11 | 5 49 | 9 42 | 2° 53′ | 6.6 | 5 42 |
| 14 | Tu. | L. of d. 11h. 42m. | 6 9 | 5 51 | 9 25 | 2° 29′ | 7.6 | 6 34 |
| 15 | W. | | 6 7 | 5 53 | 9 8 | 2° 6′ | 8.6 | 7 26 |
| 16 | Th. | | 6 5 | 5 55 | 8 50 | 1° 42′ | 9.6 | 8 16 |
| 17 | Fr. | St. Patrick | 6 3 | 5 57 | 8 33 | 1° 18′ | 10.6 | 9 5 |
| 18 | Sa. | Oxford T. ends | 6 1 | 5 59 | 8 15 | 0° 55′ | 11.6 | 9 51 |
| 19 | 𝔄 | Palm Sunday | 5 59 | 6 1 | 7 57 | 0° 31′ | 12.6 | 10 35 |
| 20 | M. | D. breaks 4h.2m. | 5 57 | 6 3 | 7 39 | north. | 13.6 | 11 18 |
| 21 | Tu. | L. of d. 12h. 10m. | 5 55 | 6 5 | 7 21 | 0° 17′ | 14.6 | 11 59 |
| 22 | W. | | 5 53 | 6 7 | 7 2 | 0° 40′ | 15.6 | morn. |
| 23 | Th. | Ruysch, *b*. 1638 | 5 51 | 6 9 | 6 44 | 1° 4′ | 16.6 | 0 42 |
| 24 | Fr. | Good Friday | 5 49 | 6 11 | 6 25 | 1° 27 | 17.6 | 1 25 |
| 25 | Sa. | Lady Day | 5 47 | 6 13 | 6 6 | 1° 51′ | 18.6 | 2 11 |
| 26 | 𝔄 | Easter Sunday | 5 45 | 6 15 | 5 48 | 2° 15′ | 19.6 | 3 1 |
| 27 | M. | Easter Monday | 5 43 | 6 17 | 5 29 | 2° 38′ | 20.6 | 3 54 |
| 28 | Tu. | D.breaks 3h.43m | 5 41 | 6 19 | 5 11 | 3° 1′ | 21.6 | 4 52 |
| 29 | W. | Boyer, *b*. 1760 | 5 39 | 6 21 | 4 52 | 3° 25′ | 22 6 | 5 54 |
| 30 | Th. | L. of d. 12h. 44m. | 5 38 | 6 22 | 4 34 | 3° 48′ | 23.6 | 6 56 |
| 31 | Fr. | | 5 36 | 6 24 | 4 15 | 4° 11 | 24.6 | 7 57 |

**Meteorological Observations, and Medicinal Plants in Flower.**

The greatest difference between the temperature of cities, and of the open country occurs in the night; this is indicated by the comparative depression of the minimum temperature in the country.

*Mean minimum Temperature of*

| | Coun | Lon. |
|---|---|---|
| Jan. | 29.3 | 35.4 |
| Feb. | 33.8 | 35.3 |
| Mar. | 34.6 | 37.3 |
| Apr. | 37.8 | 41.9 |
| May | 46.1 | 47.5 |
| June | 48.5 | 52.2 |
| July | 53.0 | 55.7 |
| Aug. | 52.5 | 56.7 |
| Sep. | 47.0 | 52.4 |
| Oct. | 42.7 | 46.3 |
| Nov. | 35.0 | 40.1 |
| Dec. | 32.8 | 36.7 |
| Mn. of 12 Mo. | 41.1 | 44.8 |

*From Howard on the Climate of London.*

Daphne Mezereum, *Thymeleæ.*
Fucus Vesiculosus
Helleborus Fœtidus *Ranunculaceæ.*
Tussilago farfara, *Compositæ tribe corymbifer.*
Viola Odorata, *Violaceæ.*

A. D. ducts. In an *antidotary* traces of a *chloride of mercury* are distinguishable; *mercurial ointment* is described. Preparations of *arsenic*, such as *orpiment* and *realgar*, were employed externally; so were the *sulphates of copper* and *iron*. *Saltpetre* and *borax* were often given in intermittents. He recommended *red coral* and *precious stones* in several places; and praised oil of ants.

980 *Ali*'s book, *Almeleky*, was only eclipsed by the canon of Avicenna. The greater part of his observations were collected in the hospitals He reckoned nine muscles of the eye—six of the globe, three of the eyelids: and has some interesting observations on colic, with paralysis of the extremities, and on *uterine* calculi. He bled at the commencement of small pox; and observed that young men grew melancholy about the age of puberty. His work on dietetics was a chef-d'œuvre for the time

D. 940—*Ishak-Ben-Soleiman*, wrote one of the best Arabic works on dietetics; he gave the first scientific description of the proper manner of making bread.

980-1036 *Avicenna*, the Prince of Physicians, reigned in the Schools with a despotism almost oriental during six centuries. He was born in Bocharia; knew the Koran by heart at ten years of age; studied at Asschema, grammar, dialectics, the geometry of Euclid, and Ptolemy's astronomy; acquired arithmetic and the Indian figures from a merchant; and cultivated the peripatetic philosophy in Bagdad. He became vizir at Hamdan; but for favouring a sedition was cast into prison, where he wrote numerous medical and philosophical works. After remaining some time concealed in the house of an apothecary, and being again cast into prison, he fled to Ispahan, and died at the age of 58, exhausted by the pleasures of love and wine. In the *Canon* he enumerates the predisposing, exciting, and proximate causes of disease; distinguishes pleuritis, *pleurodynia*, and *mediastinitis*; and describes *Scarlatina*, which he places between measles and small-pox. The principal symptom of *tic douloureux* is pain in the bones of the face. Gilding pills was introduced after Avicenna. The Arabs speak of a disease in which the eyes become blue—probably leprosy: Avicenna recommends *depression*, although he had seen several surgeons attempt *extraction* of *cataract*.

*Serapion* the *Younger* composed a celebrated work on *Materia Medica*, containing all that the Greeks had written on the history and effects of drugs.

*Mesue* the *Younger*, author of a Materia Medica, considered classical in the Christian schools, and reprinted with annotations after the revival of learning. *Mesue* first laid down rules for correcting the action of remedies: salts accelerate, mucilages

## Moon's Aspects.

| | |
|---|---|
| New Moon 5 day 7h. 20m. morn. | ☽ Perigee 1 day 7h. aft. |
| First Quar. 12 day 11h. 13m. aft. | ☽ Apogee 13 day 4h. aft. |
| Full Moon 20 day 8h. 39m. aft. | ☽ Perigee 27 day 8h. morn. |
| Last Quar. 27day 6h. 57m. aft. | |

| Days of Month. | Wk. days. | HOLIDAYS, SUNDAYS, AND MEDICAL WRITERS. | Sun rises. | Sun sets. | Equa. Time. Clock before sun. | Sun's Declination. | Moon's Age. Noon. | Moon's Southing. |
|---|---|---|---|---|---|---|---|---|
| | | | h. m. | h. m. | m. s. | north. | days. | h. m. |
| 1 | Sa. | Day bks. 3h.33m | 5 34 | 6 26 | 3 57 | 4° 35′ | 25.6 | morn. |
| 2 | 𝔄 | Low Sunday | 5 32 | 6 28 | 3 39 | 4° 57′ | 26.6 | 9 48 |
| 3 | M. | | 5 30 | 6 30 | 3 21 | 5° 21′ | 27.6 | 10 39 |
| 4 | Tu. | L. of d. 13h. 4m. | 5 28 | 6 32 | 3 3 | 5° 44′ | 28.6 | 11 27 |
| 5 | W. | Ox. & Cam. Tm. b | 5 26 | 6 34 | 2 45 | 6° 6′ | 0.2 | aftern. |
| 6 | Th. | | 5 24 | 6 36 | 2 28 | 6° 29′ | 1.2 | 1 2 |
| 7 | Fr. | Mahm. era, 1253 | 5 22 | 6 38 | 2 11 | 6° 52′ | 2.2 | 1 50 |
| 8 | Sa. | | 5 20 | 6 40 | 1 53 | 7° 14′ | 3.2 | 2 40 |
| 9 | 𝔄 | 2 Sun. aft. Easter | 5 18 | 6 42 | 1 37 | 7° 37′ | 4.2 | 3 32 |
| 10 | M. | L. of d. 13h. 28m. | 5 16 | 6 44 | 1 20 | 7° 59′ | 5.2 | 4 24 |
| 11 | Tu. | [1500 | 5 14 | 6 46 | 1 4 | 8° 21′ | 6.2 | 5 17 |
| 12 | W. | Camerarius *b.* | 5 12 | 6 48 | 0 47 | 8° 43′ | 7.2 | 6 8 |
| 13 | Th. | Day bks. 3h. 2m. | 5 10 | 6 50 | 0 32 | 9° 5′ | 8.2 | 6 58 |
| 14 | Fr. | Sydenham *b* 1624 | 5 8 | 6 52 | 0 16 | 9° 26′ | 9.2 | 7 45 |
| 15 | Sa. | Easter Term beg. | 5 7 | 6 53 | 0 1 | 9° 48′ | 10.2 | 8 29 |
| 16 | 𝔄 | 3 Sun. aft. Easter | 5 5 | 6 55 | after. | 10° 9′ | 11.2 | 9 12 |
| 17 | M. | L. of d. 13h.55m. | 5 3 | 6 57 | 0 28 | 10° 30′ | 12.2 | 9 54 |
| 18 | Tu. | | 5 1 | 6 59 | 0 42 | 10° 51′ | 13.2 | 10 37 |
| 19 | W. | Day bks. 2h.47m. | 4 59 | 7 1 | 0 56 | 11° 12′ | 14.2 | 11 20 |
| 20 | Th. | Petit *d.* 1760 | 4 57 | 7 3 | 1 9 | 11° 33′ | 15.2 | morn. |
| 21 | Fr. | Cam Term div mid | 4 55 | 7 5 | 1 22 | 11° 53′ | 16.2 | 0 5 |
| 22 | Sa. | | 4 53 | 7 7 | 1 35 | 12° 13′ | 17.2 | 0 54 |
| 23 | 𝔄 | 4 Sun. aft. Easter | 4 51 | 7 9 | 1 47 | 12° 33′ | 18.2 | 1 48 |
| 24 | M. | Orfila *b.* 1787 | 4 50 | 7 10 | 1 58 | 12° 53′ | 19.2 | 2 46 |
| 25 | Tu. | Day bks. 2h.26m | 4 48 | 7 12 | 2 9 | 13° 13′ | 20.2 | 3 47 |
| 26 | W. | L. of d. 14h.27m | 4 46 | 7 14 | 2 20 | 13° 32′ | 21.2 | 4 50 |
| 27 | Th. | | 4 44 | 7 16 | 2 30 | 13° 51′ | 22.2 | 5 51 |
| 28 | Fr. | | 4 42 | 7 18 | 2 39 | 14° 10′ | 23.2 | 6 49 |
| 29 | Sa. | | 4 41 | 7 19 | 2 48 | 14° 29′ | 24.2 | 7 43 |
| 30 | 𝔄 | Rogation Sunday | 4 39 | 7 21 | 2 57 | 14° 48′ | 25.2 | 8 33 |

**Meteorological Observations, and Medicinal Plants in Flower.**

The mean number of days on which rain falls in London and its vicinity, is nearly the same through the 12 months; the mean *quantity* of rain differs considerably; thus, in the six months from January to June, 10½ inches of rain fell, from July to December 14½ inches.

Average monthly rain for 34 years, 1797—1830; with the prevalent winds for each month.—Howard

| | Rain in inches. | Days of rain. | Winds. |
|---|---|---|---|
| Jan. | 1.9 | 15 | W.N |
| Feb | 1.5 | 15 | S.W. |
| Mar | 1.4 | 14 | W.N |
| Apr | 1.8 | 15 | N'ly |
| May | 2.0 | 14 | E'ly |
| Jun | 1.9 | 12 | W.N |
| July | 2.5 | 14 | W.N |
| Aug | 2.1 | 15 | W.N |
| Sep | 2.3 | 14 | S.W. |
| Oct. | 2.4 | 15 | S.W. |
| Nov | 2.8 | 15 | S.W. |
| Dec | 2.4 | 16 | S.W. |
| | 25 0 | 15 | |

A. D. moderate the action of remedies; acids diminish heat and inflammation; rhubarb, reduced to a very fine powder, loses nearly all its purgative properties. His treatment of catarrh was very similar to that recommended by *Mudge.*

D. 1122 *Albucasis* wrote a book on surgical operations, one of the most valuable monuments of that age. But he advised the application of the actual cautery in cancer, spontaneous dislocation, *tic douloureux*, cataract, and almost every external disease. Hæmorrhage from wounded arteries, may be arrested in four ways: by cauterization, styptics, complete division of the vessel, and by ligatures. Hydrocephalus only occurs in children, and is always fatal. To perform the operation for *fistula lachrymalis* he employed an instrument with a sort of rowel at the point; in tracheotomy, Albucasis only divided the intercartilaginous membrane.

D. 1179 *Avenzoar*, a native of Seville, author of the Taisyr, an interesting practical work.

1149-1217 *Averrhoes*, more distinguished as a philosopher than as a physician, was chancellor and high-priest of Andalusia. He delivered courses of philosophy, jurisprudence, and medicine, at Cordova; taught the Peripatetic philosophy, and a kind of pantheism; for which, or for publicly attacking the caliph, he was condemned to associate only with Jews, but was afterwards pardoned. He relates a case of chronic diarrhœa, produced by the metastasis of a rheumatism from the arm.

D. 1248 *Ebn Baither*, a learned botanist, author of a great work on Materia Medica, still in manuscript.

The sciences decayed among the Arabs in the East, after the conquests of the Turks in Asia; they only lingered among the Saracens in Spain down to the thirteenth century, and were totally extinguished in the sixteenth century by the extirpation of the Moors.

## MEDICINE OF THE WEST OF EUROPE, DOWN TO PARACELSUS.

### *Medicine of the Monks.*

1131-1298 In the Synod of Rheims, the archdeacons and prelates were first forbidden to practise medicine; the lower clergy were allowed to practise, but neither to use the cautery nor the knife. These regulations were reiterated nine times in the twelfth and thirteenth centuries.

1282 A law of the church authorized the opening of pregnant women who died during delivery: *Mortuæ mulieres in partu scindantur, si infans vivere credatur: tamen, si bene constiterit de morte ipsarum.*

### *Salernum.*

984-1365 In the tenth century, pilgrimages of the sick to Salernum commenced. In 1201, Robert of Normandy placed himself

# MAY XXXI DAYS.

## Moon's Aspects.

| | |
|---|---|
| New Moon 4 day 7h. 2m. aft. | Last Quarter 27 day 0h. 1m. morn. |
| First Quarter 12 day 5h. 39m. aft. | ☽ Apogee 11 day. noon. |
| Full Moon 20day 7h. 28m. morn. | ☽ Perigee 23 day 11h. morn. |

| Days of Month. | Wk. days. | HOLIDAYS, SUNDAYS, AND MEDICAL WRITERS. | Sun rises. | Sun sets. | Equa. Time. Clock after sun. | Sun's Declination. | Moon's Age. Noon. | Moon's Southing. |
|---|---|---|---|---|---|---|---|---|
| | | | h. m. | h. m. | m. s. | north. | days | h. m. |
| 1 | M. | D.breaks, 2h.6m. | 4 37 | 7 23 | 3 5 | 15° 6′ | 26.2 | morn. |
| 2 | Tu. | W.Hunter *b.*1718 | 4 35 | 7 25 | 3 12 | 15°24′ | 27.2 | 10 7 |
| 3 | W. | Valisnieri *b.*1661 | 4 33 | 7 27 | 3 19 | 15°42′ | 28.2 | 10 53 |
| 4 | Th. | Holy Thursday | 4 32 | 7 28 | 3 25 | 15°59′ | 29.2 | 11 41 |
| 5 | Fr. | Cabanis, *d.* 1808 | 4 30 | 7 30 | 3 30 | 16°16′ | 0.7 | aftern. |
| 6 | Sa. | L. of d. 15h. 3m. | 4 29 | 7 31 | 3 36 | 16°33′ | 1.7 | 1 21 |
| 7 | 𝔄 | Sund. aft. Ascen. | 4 27 | 7 33 | 3 40 | 16°50′ | 2.7 | 2 14 |
| 8 | M. | Easter Term ends | 4 25 | 7 35 | 3 44 | 17° 7′ | 3.7 | 3 7 |
| 9 | Tu. | D.breaks,1h.36m | 4 24 | 7 36 | 3 47 | 17°23′ | 4.7 | 3 59 |
| 10 | W. | Wichman *b.*1740 | 4 22 | 7 38 | 3 50 | 17°39′ | 5.7 | 4 50 |
| 11 | Th. | Blumenb. *b.*1752 | 4 20 | 7 40 | 3 52 | 17°54′ | 6.7 | 5 38 |
| 12 | Fr. | L. of d. 15h.23m. | 4 19 | 7 41 | 3 54 | 18° 9′ | 7.7 | 6 23 |
| 13 | Sa. | Oxford T. ends. | 4 17 | 7 43 | 3 55 | 18°24′ | 8.7 | 7 6 |
| 14 | 𝔄 | Whit Sunday | 4 16 | 7 44 | 3 56 | 18°39′ | 9.7 | 7 48 |
| 15 | M. | Whit Monday | 4 14 | 7 46 | 3 56 | 18°53′ | 10.7 | 8 30 |
| 16 | Tu. | Kerandren *b*1769 | 4 13 | 7 47 | 3 56 | 19° 7′ | 11.7 | 9 12 |
| 17 | W. | Jenner *b.* 1749 | 4 11 | 7 49 | 3 54 | 19°21′ | 12.7 | 9 56 |
| 18 | Th. | Heberden *b.*1710 | 4 10 | 7 50 | 3 53 | 19°34′ | 13.7 | 10 44 |
| 19 | Fr. | D.breaks,0h.48m | 4 8 | 7 52 | 3 51 | 19°47′ | 14.7 | 11 36 |
| 20 | Sa. | L. of d. 15h.46m. | 4 7 | 7 53 | 3 48 | 20° 0′ | 15.7 | morn. |
| 21 | 𝔄 | Trinity Sunday | 4 6 | 7 54 | 3 45 | 20°12′ | 16.7 | 0 34 |
| 22 | M. | Trin.Term begins | 4 4 | 7 56 | 3 41 | 20°24′ | 17.7 | 1 36 |
| 23 | Tu. | Mesmer *b.* 1733 | 4 3 | 7 57 | 3 37 | 20°36′ | 18.7 | 2 40 |
| 24 | W. | Prss. Victoria *b.* | 4 2 | 7 58 | 3 32 | 20°47′ | 19.7 | 3 44 |
| 25 | Th. | Corpus Christi | 4 1 | 7 59 | 3 26 | 20°58′ | 20.7 | 4 44 |
| 26 | Fr. | All daylight | 4 0 | 8 0 | 3 20 | 21° 9′ | 21.7 | 5 40 |
| 27 | Sa. | | 3 58 | 8 2 | 3 14 | 21°19′ | 22.7 | 6 31 |
| 28 | 𝔄 | 1 Sun. after Trin. | 3 57 | 8 3 | 3 7 | 21°29′ | 23.7 | 7 19 |
| 29 | M. | K.Ch.II.restored | 3 56 | 8 4 | 3 0 | 21°38′ | 24.7 | 8 5 |
| 30 | Tu. | H. Davy *d.* 1829 | 3 55 | 8 5 | 2 52 | 21°47′ | 25.7 | 8 50 |
| 31 | W. | L. of d. 16h.12m. | 3 54 | 8 6 | 2 43 | 21°56′ | 26.7 | 9 36 |

Meteorological Observations, and Medicinal Plants in Flower.

The quantity of rain increases in descending from the clouds; in York, while 15 in. fell on the Minster, 25 inches fell on the ground.

York, 1832, Mean Temp. 48° 2

| | On Min. 212 ft. ab. Sea. | On Museum, 73 feet. | Ground. 29 feet. |
|---|---|---|---|
| 1832 | 15.7 | 20.2 | 23.8 |
| 1833 | 15.0 | 19.9 | 25.7 |

J. Phillips,
W. Gray.

Arum Maculatum, *Aroideæ.*

Asarum Europæum, *Aristolochiæ.* and September,

Bryonia dioica, *Cucurbitaceæ.* and June,

Chelidoneum Majus, *Papaveraceæ.*

Cochlearia Armoracia, *Cruciferæ.*

Fucus Helminthocortos, *Fuci.* and June, July, & August,

Geum Urbanum, *Rosaceæ.*

Juniperus Communis, *Coniferæ.*

Paris quadrifolia, *Smilaceæ.*

Pinus sylvestris, *Coniferæ.*

Rhamnus catharticus, *Rhamneæ,* Fruit in Sept. and June,

Spartium scoparium, *Leguminosæ.*

A. D. under the care of the Salernian professors, who wrote for him a book of dietetics, in leonine verses. Under Frederic II., this school acquired great celebrity in the twelfth century. No one, under pain of imprisonment and confiscation of goods, could practise medicine in the kingdom of Naples previous to being examined by the College of Salernum. The successful student received from the faculty the title of *Magister*, confirmed, on exhibiting his diploma, by the royal authorities. Proofs of legitimacy, of having attained the age of twenty-one, and of having studied medicine seven years, were required from every candidate; who expounded *publicly* the *Articella* of Galen, the first book of Avicenna, or an aphorism of Hippocrates. If examined in the physics, and the analytic books of Aristotle, the title acquired was *Magister Artium et Physices.* Doctor almost always indicated a public professor. Another law enjoined that the three first years should be employed in studying logic; and five years in studying *medicine*, and *surgery—which forms a part of medicine.* After examination, the *graduate was bound to practise one year under an experienced practitioner;* but, *during the five years of study, he was not forbidden to teach publicly.* The druggists (*confectionarii*) received a certificate of qualification from the college, and swore to compound medicines by the college pharmacopœia (antidotarium). Surgeons were compelled to attend the courses of medicine during one year.

1000-1300 In the eleventh and twelfth centuries, the number of *hospitals* increased prodigiously: religious congregations were created to take care of the sick. Baths were very generally erected in France and Germany. Leprosy became very prevalent: and more than 18,000 hospitals for lepers existed in Europe. Affections of the genital organs, and prostitution grew almost epidemic; Southwark alone, contained more than sixteen stews, under the immediate surveillance of the venerable Bishop of Winchester. The increasing commercial intercourse with the East introduced several drugs into the western countries of Europe.

*Dialectics* were applied to physiology and medicine.

### *The Thirteenth Century.*

In the twelfth century there was a celebrated school of medicine at Montpellier; in the thirteenth, Paris received the title of *University*, because the number of students exceeded the number of inhabitants. The medical professors were considered clerks, and enjoined celibacy. The regulations differed little from those of Salernum.

1214-1295 Roger Bacon laid the foundation of experimental philosophy.

*Gilbert of England* was one of the most distinguished writers

# JUNE XXX Days. 1837.

## Moon's Aspects.

New Moon 3 day 7h. 44m. morn.
First Quarter 11 day 10h. 30m. m.
Full Moon 18 day 3h. 52m. aft.
Last Quarter 25 day 5h. 59 morn.
☽ Apogee 8 day 5h. morn.
☽ Perigee 20 day 8h. morn.

| Days of Month. | Wk. days. | Holidays, Sundays, and Medical Writers. | Sun rises. | Sun sets. | Equa. Time. Clock aft. sun. | Sun's Declination. | Moon's Age. Noon. | Moon's Southing. | Medicinal Plants in Flower. |
|---|---|---|---|---|---|---|---|---|---|
| | | | h. m. | h. m. | m. s. | north. | days. | h. m | |
| 1 | Th. | All day or twilight | 3 53 | 8 7 | 2 35 | 22° 4′ | 27.7 | morn. | July and August. |
| 2 | Fr. | | 3 52 | 8 8 | 2 25 | 22°12′ | 28.7 | 11 13 | Æthusa Cynassicum, *Umbelliferæ.* |
| 3 | Sa. | J. Gregory *b.* 1724 | 3 51 | 8 9 | 2 16 | 22°20′ | 0.2 | aftern. | Agaricus bulbosus, *Fungi.* |
| 4 | 𝔄 | 2 Sund. aft. Trin. | 3 50 | 8 10 | 2 6 | 22°27′ | 1.2 | 0 58 | Agaricus semiglobatus. |
| 5 | M. | D. of Cum. *b.* 1771 | 3 49 | 8 11 | 1 56 | 22°34′ | 2.2 | 1 51 | Anagallis arvensis, *Primulaceæ.* |
| 6 | Tu. | | 3 49 | 8 11 | 1 45 | 22°40′ | 3.2 | 2 42 | |
| 7 | W. | L. of d. 16h. 24m. | 3 48 | 8 12 | 1 34 | 22°46′ | 4.2 | 3 32 | Anethum graveolens, *Umbelliferæ.* |
| 8 | Th. | | 3 47 | 8 13 | 1 23 | 22°52′ | 5.2 | 4 18 | Angelica Archangelica, *Tribe Angeliceæ.* |
| 9 | Fr. | | 3 46 | 8 14 | 1 11 | 22°57′ | 6.2 | 5 2 | |
| 10 | Sa. | Haygarth *d.* 1827 | 3 46 | 8 14 | 1 0 | 23° 2′ | 7.2 | 5 43 | Arbutus uva ursi.<br>Atropa Belladonna, *Solaneæ.* |
| 11 | 𝔄 | 3 Sund. aft. Trin. | 3 45 | 8 15 | 0 48 | 23° 6′ | 8.2 | 6 24 | July. |
| 12 | M. | Trin. Term ends | 3 45 | 8 15 | 0 36 | 23°10′ | 9.2 | 7 5 | Conium Maculatum *Umbelliferæ.* |
| 13 | Tu. | L. of d. 16h. 32m. | 3 44 | 8 16 | 0 23 | 23°14′ | 10.2 | 7 47 | Coriandrum sativum, *Umbelliferæ* |
| 14 | W. | | 3 44 | 8 16 | 0 11 | 23°17′ | 11.2 | 8 33 | Daucus caroti, *Umbelliferæ.* |
| 15 | Th. | Fourcroy *b.* 1755 | 3 44 | 8 16 | 0b.2 | 23°20′ | 12.2 | 9 22 | July. |
| 16 | Fr. | | 3 43 | 8 17 | 0 14 | 23°22′ | 13.2 | 10 17 | Digitalis Purpurea, *Scrophularineæ.* |
| 17 | Sa. | | 3 43 | 8 17 | 0 27 | 23°24′ | 14.2 | 11 18 | Collect the leaves just as the plant is about to blossom. |
| 18 | 𝔄 | 4 Sund. aft. Trin. | 3 43 | 8 17 | 0 40 | 23°26′ | 15.2 | morn. | |
| 19 | M. | L. of d. 16h. 34m. | 3 43 | 8 17 | 0 53 | 23°27′ | 16.2 | 0 23 | Linum catharticum, *Lineæ.* |
| 20 | Tu. | Rolando *b.* 1773 | 3 43 | 8 17 | 1 5 | 23°27′ | 17.2 | 1 29 | Marrubium vulgare, *Labiatæ.* |
| 21 | W. | | 3 43 | 8 17 | 1 18 | 23°28′ | 18.2 | 2 33 | Menyanthes trifoliata, *Gentianeæ.* |
| 22 | Th. | | 3 43 | 8 17 | 1 31 | 23°28′ | 19.2 | 3 32 | Papaver Rhœas, *Papaveraceæ.* |
| 23 | Fr. | [sum. day | 3 43 | 8 17 | 1 44 | 23°27′ | 20.2 | 4 27 | |
| 24 | Sa. | S. John bap. Mid- | 3 43 | 8 17 | 1 57 | 23°26′ | 21.2 | 5 16 | Papaver Somniferum. |
| 25 | 𝔄 | 5 Sund. aft. Trin. | 3 43 | 8 17 | 2 10 | 23°25′ | 22.2 | 6 3 | Phellandrium aquaticum, *Umbelliferæ*, and July. |
| 26 | M. | Access. K. W. IV. | 3 44 | 8 16 | 2 22 | 23°23′ | 23.2 | 6 49 | |
| 27 | Tu. | | 3 44 | 8 16 | 2 35 | 23°21′ | 24.2 | 7 34 | Ranunculus acris, *Ranunculaceæ.* |
| 28 | W. | K. W. IV. procl. | 3 44 | 8 16 | 2 47 | 23°18′ | 25.2 | 8 21 | Rosa canina, *Rosaceæ.* |
| 29 | Th. | L. of d. 16h. 32m. | 3 44 | 8 16 | 3 0 | 23°15′ | 26.2 | 9 9 | Sinapis alba, *Cruciferæ.* |
| 30 | Fr. | | 3 45 | 8 15 | 3 12 | 23°12′ | 27.2 | 10 0 | |

A. D. of this century: in his *Compendium Medicinæ*, he has given the first exact description of leprosy. He recommended the Bath waters in dropsy; and several other cæchexies; described a manner of making mercurial ointment; and wrote a treatise on chancre and gonorrhœa (*gomorria*).

1200-1300 *Peter* of *Albano*, *Thaddeus* of *Florence*, *Vincent*, *Peter* of *Spain*, *John* of *St. Amand*, *Roland* of *Parma*, and *William* of *Salicet*, wrote on different branches of medicine.

*Roger of Parma* recommended sponge in scrofula.

1295 *Lanfranc* of *Milan*, exiled by Visconti, opened a course of lectures in Paris, and acquired great renown. Several surgeons, under *Jean Pitard*, had formed a college distinct from the faculty of medicine in 1271; the members enjoyed all the privileges of masters in physic, but were considered laymen, and allowed to marry—one reason, probably, why Lanfranc joined their ranks. Lanfranc attracted a great number of students; and Paris became the first surgical academy in the world. *He expressly described the circumstances in which union by first intention should not be attempted; and proposed vinegar as prophylactic in impure cohabitation.*

*Brunus* first taught that ulcers could be cicatrized by styptics.

### *The Fourteenth Century.*

1348 The *Black Death* desolated the East, Italy, Spain, and France; in 1349, it extended to England, Germany, and Holland. In many of its characters, this pestilence resembled the present bubo plague, complicated with pneumonia, and hæmorrhages.

1374 The *Dance of St. Guy* became epidemic in Germany, the sick were supposed to be possessed by devils; who were put to flight—not by drugs—but by verses from the Bible.

1315 *Anatomical dissections* of the *human body* were practised in this century: in 1315 *Mondini*, a professor of Bologna, *dissected two women publicly for the first time*, and shortly afterwards published a description of the human body with plates. From this period one or two bodies were annually opened by a barber in the universities, when the professor demonstrated the parts from the work of Mondini.

1309 *Bernard Gordon*, a professor at Montpellier, said to have been born in Scotland, published his *Compendium* entitled the *Lily of Medicine* (Lilium Medicinæ.) He distinguished two kinds of treatment, one for the rich, and another for the poor: thus, si tussiculosus fuerit *pauper, retineat frequenter anhelitum, quantum erit possibile. Et, si sic non curetur, sufflet ignem quotidie sine omni pietate, et curabitur.*

1314 *John of Gaddesden*, author of the celebrated *Rosa Anglica*, was professor of Merton College, Oxford: his book reflects

# JULY XXXI DAYS.

## Moon's Aspects.

New Moon 2 day 9h. 30m. aft.
First Quarter 11 day 1h. 10m. m.
Full Moon 17 day 10h. 51m. aft.

Last Quarter 24 day 2h. 7m. aft.
☽ Apogee 5 day 9h. aft.
☽ Perigee 18 day 3h. aft.

| Days of Month. | Wk. days. | HOLIDAYS, SUNDAYS, AND MEDICAL WRITERS. | Sun rises. | Sun sets. | Equa. Time. Clock bef. sun. | Sun's Declination. | Moon's Age. Noon. | Moon's Southing. | Medicinal Plants in Flower. |
|---|---|---|---|---|---|---|---|---|---|
| | | | h. m. | h. m. | m. s. | north. | days | h. m. | |
| 1 | Sa. | All d. or twilight | 3 45 | 8 15 | 3 23 | 23° 8′ | 28.2 | morn. | Aug. & September. Althea officinalis, *Malvaceæ.* |
| 2 | 𝔖 | 6 Sund. aft. Trin. | 3 46 | 8 14 | 3 35 | 23° 4′ | 29.2 | 11 45 | |
| 3 | M. | Dog days begin | 3 46 | 8 14 | 3 46 | 22° 59′ | 0.6 | aftern. | Amanita muscaria *Fungi.* |
| 4 | Tu. | Oxf. Act, Cb. Cm. | 3 47 | 8 13 | 3 57 | 22° 54′ | 1.6 | 1 27 | August. Convolvulus sæpium, *Convolvulaceæ.* |
| 5 | W. | | 3 47 | 8 13 | 4 8 | 22° 49′ | 2.6 | 2 14 | |
| 6 | Th. | L. of d. 16h. 23m. | 3 48 | 8 12 | 4 18 | 22° 43′ | 3.6 | 2 58 | |
| 7 | Fr. | Camb. Tm. ends | 3 49 | 8 12 | 4 28 | 22° 37′ | 4 6 | 3 40 | Eryngium maritimum, *Umbelliferæ.* |
| 8 | Sa. | Oxford T. ends | 3 50 | 8 11 | 4 39 | 22° 30′ | 5.6 | 4 21 | |
| 9 | 𝔖 | 7 Sund. aft. Trin. | 3 51 | 8 10 | 4 47 | 22° 23′ | 6.6 | 5 1 | August. Erythræa centaurium, *Gentianeæ.* |
| 10 | M. | | 3 51 | 8 9 | 4 56 | 22° 16′ | 7.6 | 5 42 | |
| 11 | Tu. | Wallerius *b.* 1709 | 3 52 | 8 8 | 5 4 | 22° 8′ | 8.6 | 6 24 | Humulus lupulus, *Urticæ.* |
| 12 | W. | | 3 53 | 8 7 | 5 12 | 22° 0′ | 9.6 | 7 11 | HyoscyamusNiger, *Solaneæ.* |
| 13 | Th. | L. of d. 16h. 12m. | 3 54 | 8 6 | 5 20 | 21° 51′ | 10.6 | 8 2 | |
| 14 | Fr. | Rudolphi *b.* 1771 | 3 55 | 8 5 | 5 26 | 21° 42′ | 11.6 | 8 58 | August. Inula Helenium, *Compositæ Tribe Corymbiferæ.* |
| 15 | Sa. | Swithin | 3 56 | 8 4 | 5 33 | 21° 33′ | 12.6 | 10 1 | |
| 16 | 𝔖 | 8 Sund. aft. Trin. | 3 57 | 8 3 | 5 39 | 21° 23′ | 13.6 | 11 7 | Linum usitatissimum, *Lineæ.* |
| 17 | M. | | 3 58 | 8 2 | 5 44 | 21° 13′ | 14.6 | morn. | |
| 18 | Tu. | | 4 0 | 8 1 | 5 49 | 21° 3′ | 15.6 | 0 13 | Lolium temulentum, *Gramineæ.* |
| 19 | W. | L. of d. 15h. 58m. | 4 1 | 8 0 | 5 53 | 20° 52′ | 16.6 | 1 17 | Lythrum salicaria, *Salicariæ.* |
| 20 | Th. | Bohnius *b.* 1713 | 4 2 | 7 59 | 5 57 | 20° 41′ | 17.6 | 2 15 | |
| 21 | Fr. | | 4 3 | 7 58 | 6 0 | 20° 30′ | 18.6 | 3 8 | Oenanthe crocata, *Umbelliferæ.* |
| 22 | Sa. | | 4 5 | 7 56 | 6 3 | 20° 18′ | 19.6 | 3 58 | August. Origanum vulgare, *Labiatæ.* |
| 23 | 𝔖 | 9 Sund. aft. Trin. | 4 6 | 7 55 | 6 5 | 20° 6′ | 20.6 | 4 45 | |
| 24 | M. | | 4 7 | 7 53 | 6 7 | 19° 53′ | 21.6 | 5 32 | August. Rumex Hydrolapathum, *Polygoneæ.* |
| 25 | Tu. | D. breaks 0h. 45m | 4 9 | 7 52 | 6 8 | 19° 41′ | 22.6 | 6 19 | |
| 26 | W. | L. of d. 15h. 40m. | 4 10 | 7 51 | 6 8 | 19° 28′ | 23.6 | 7 7 | Sambucus nigra, *Caprifoliaceæ.* |
| 27 | Th. | Cruikshanks *d.* | 4 11 | 7 49 | 6 8 | 19° 14′ | 24.6 | 7 57 | |
| 28 | Fr. | [1800 | 4 13 | 7 48 | 6 8 | 19° 0′ | 25.6 | 8 48 | September. Solidago virgaurea *Compositæ.* |
| 29 | Sa. | | 4 14 | 7 46 | 6 6 | 18° 46′ | 26.6 | 9 41 | |
| 30 | 𝔖 | 10 Sun. aft. Trin. | 4 16 | 7 45 | 6 4 | 18° 32′ | 27.6 | 10 33 | Tanacetum vulgare *Compositæ.* |
| 31 | M. | | 4 17 | 7 43 | 6 2 | 18° 17′ | 28.6 | 11 23 | |

A. D. many of the faults of his contemporaries, and few merits of his own; Gui de Cauliac called it *una fatua rosa.* In his treatise on *small pox* he describes an eruption—*punctilli magni*—resembling petechiae; he refers ulcers of the penis to impure connexion with women.

*Gui de Cauliac*, a man of genius, was chaplain and physician to Pope Urban V., at Avignon; where he wrote his celebrated work on surgery (1363). He despised sectarianism (vadunt sectatores, sicut grues); displayed great knowledge of anatomy; treated inflammatory tumours by bleeding, diet, and anodynes; trepanned in certain fractures of the skull.

Great disputes arose in this century between the academy of surgery founded by Lanfranc, and the faculty of medicine.

## *The Fifteenth Century.*

The mission of Emmanuel Chrysolorus to the provinces of the west, the increased intercourse with Constantinople, and the study of the ancient Greek writers, kindled a new ardour in scientific pursuits, which the discovery of printing (1435) by Guttenberg, a native of Mayence, and Peter Schoiffer (1450) tended to diffuse. Peter Schoiffer also invented the art of engraving on wood; and John Ketham, in 1491, published a work on anatomy, with wood-cuts.

*Astrology* and *Alchemy* were much cultivated in this as well as in the last century.

*Bartholomew Montagnana* states in his *Consilia* that he had examined fourteen bodies.

*Savonarola*, author of an epitome of practical medicine, pretended that since the plague of 1348 men had never more than twenty-four teeth.

*Saladin* gave a valuable catalogue of simples and compounds that should always be kept in druggists' shops. In this century the French apothecaries were placed under the surveillance of the faculties (1484), and of physicians paid by the State. The German apothecaries were merely druggists; they were generally, at the same time, confectioners or grocers; and the magistrates, in their charters, always stipulated for a certain supply of cakes at the corporation dinners.

*Surgery* was in the hands of barbers, and bagnio-keepers; in France, however, the surgeons of St. Come were of a higher order. The Parliament interdicted the performance of operations by barbers, who were, notwithstanding, upheld and instructed by the faculty of medicine. (1425-92.)

1478 *Vincent Vianeo*, *Branca*, and *Bojani* in Tropea, a city of Calabria, first attempted to form noses from the arm.

## Moon's Aspects.

| | |
|---|---|
| New Moon 1 day 0h. 20m. aftern. | New moon 31 day 4h. 0m. morn. |
| First Quarter 9 day 1h. 22m. aftern. | ☽ Apogee 2 day 2h. morn. |
| Full Moon 16 day 5h. 39m. morn. | ☽ Perigee 16 day 1h. morn. |
| Last Quarter 23 day 1h. 16m. morn. | ☽ Apogee 29 day 5h. morn. |

| Days of Month. | Wk. days. | HOLIDAYS, SUNDAYS, AND MEDICAL WRITERS. | Sun rises. | Sun sets. | Equa. Time. Clock before sun. | Sun's Declination. | Moon's Age. Noon. | Moon's Southing. |
|---|---|---|---|---|---|---|---|---|
| | | | m. h. | h. m. | m. s. | north. | days. | h. m. |
| 1 | Tu. | D.breaks,1h.24m | 4 19 | 7 41 | 5 59 | 18° 2′ | 29.6 | aftern. |
| 2 | W. | L. of d. 15h. 19m. | 4 20 | 7 40 | 5 55 | 17°47′ | 1.0 | 0 56 |
| 3 | Th. | Sprengel (C.) *b.* | 4 22 | 7 38 | 5 51 | 17°31′ | 2.0 | 1 39 |
| 4 | Fr. | [1766 | 4 24 | 7 36 | 5 46 | 17°16′ | 3.0 | 2 20 |
| 5 | Sa. | Duverney *b.*1648 | 4 25 | 7 35 | 5 41 | 16°59′ | 4.0 | 3 0 |
| 6 | 𝔄 | 11 Sun. aft. Trin. | 4 27 | 7 33 | 5 35 | 16°43′ | 5.0 | 3 40 |
| 7 | M. | D.breaks,1h.47m | 4 28 | 7 32 | 5 28 | 16°26′ | 6.0 | 4 21 |
| 8 | Tu. | L. of d. 15h. | 4 30 | 7 30 | 5 21 | 16° 9′ | 7.0 | 5 5 |
| 9 | W. | | 4 32 | 7 28 | 5 13 | 15°52′ | 8.0 | 5 52 |
| 10 | Th. | Pringle *b.* 1707 | 4 34 | 7 26 | 5 4 | 15°35′ | 9.0 | 6 45 |
| 11 | Fr. | Dog Days end | 4 36 | 7 24 | 4 55 | 15°17′ | 10.0 | 7 43 |
| 12 | Sa. | Hufeland *b.* 1762 | 4 37 | 7 23 | 4 45 | 14°59′ | 11.0 | 8 46 |
| 13 | 𝔄 | 12 Sun. aft. Trin. | 4 39 | 7 21 | 4 35 | 14°41′ | 12.0 | 9 51 |
| 14 | M. | D.breaks,2h.12m | 4 41 | 7 19 | 4 24 | 14°23′ | 13.0 | 10 56 |
| 15 | Tu. | L. of d. 14h.36m. | 4 42 | 7 18 | 4 13 | 14° 4′ | 14.0 | 11 57 |
| 16 | W. | Lavoisier *b.* 1743 | 4 44 | 7 16 | 4 1 | 13°45′ | 15.0 | morn. |
| 17 | Th. | Duchs. Kent *b.* | 4 46 | 7 14 | 3 49 | 13°26′ | 16.0 | 0 54 |
| 18 | Fr. | Bayle *b.* 1774 | 4 48 | 7 12 | 3 36 | 13° 7′ | 17.0 | 1 46 |
| 19 | Sa. | D.breaks,2h.29m | 4 50 | 7 10 | 3 23 | 12°47′ | 18.0 | 2 36 |
| 20 | 𝔄 | 13 Sun. aft. Trin. | 4 51 | 7 9 | 3 9 | 12°28′ | 19.0 | 3 24 |
| 21 | M. | K.William IV. *b.* | 4 53 | 7 7 | 2 54 | 12° 8′ | 20.0 | 4 13 |
| 22 | Tu. | L. of d. 14h.10m. | 4 55 | 7 5 | 2 40 | 11°48′ | 21.0 | 5 2 |
| 23 | W. | Hey *b.* 1736 | 4 57 | 7 3 | 2 24 | 11°27′ | 22.0 | 5 52 |
| 24 | Th. | Horn (E.) *b.*1772 | 4 59 | 7 1 | 2 9 | 11° 7′ | 23.0 | 6 44 |
| 25 | Fr. | D.breaks,2h.47m | 5 1 | 6 59 | 1 53 | 10°46′ | 24.0 | 7 36 |
| 26 | Sa. | Hufeland *d.* | 5 2 | 6 58 | 1 36 | 10°25′ | 25.0 | 8 29 |
| 27 | 𝔄 | 14 Sun. aft. Trin. | 5 4 | 6 56 | 1 20 | 10° 4′ | 26.0 | 9 20 |
| 28 | M. | Goethe *b.* 1749 | 5 6 | 6 54 | 1 3 | 9°43′ | 27.0 | 10 9 |
| 29 | Tu. | | 5 8 | 6 52 | 0 45 | 9°22′ | 28.0 | 10 55 |
| 30 | W. | L.of D.13h.40m. | 5 10 | 6 50 | 0 27 | 9° 0′ | 29.0 | 11 38 |
| 31 | Th. | Martini *b.* 1729 | 5 12 | 6 48 | 0 9 | 8°39′ | 0.3 | aftern. |

### Meteorological Observations, and Medicinal Plants in Flower.

In August, the month when the Dew point, and Temperature are highest, epidemics are most prevalent, and fatal.

Proportion of Deaths in each month, out of 100 attacked during the cholera epidemic. Nov.1831-Dec.1832

| Mons. | Dths. | |
|---|---|---|
| July | 16 | More than 1 in 4 (.29) of the total dths. happened in Aug. 3.4ths of the dths occurred in July—Oct. |
| Aug. | 29 | |
| Sept. | 18 | |
| Oct. | 13 | |
| 4 mo. | 76 | |
| 10 mo. | 24 | |

Anthemis nobilis, *Compositæ*, tribe *Corymbiferæ*. The taste and odour reside in the tubular florets, which are largest in the single flowers.

Artemisia absinthium.

Artemisia maritima.

Chenopodium olidum, *Chenopodeæ*.

Cicuta virosa, *Umbelliferæ*.

Lactuca virosa, *Compositæ*, tribe *Cichoraceæ*.

Mentha piperita, *Labiatæ*.

A.D. 1503 *Benivieni*, a faithful observer, makes some good remarks on the operations for cataract and stone.

1525 *Alexander Benedetti*, a military surgeon in the Venetian army sent against Charles VIII., has left, in his large work, several new and remarkable observations.

### *New Diseases.*

1414 *Hooping Cough* appeared for the first time in France, under an epidemic form; it destroyed nearly all who were attacked.

1486 The English *Sweating Sickness* began in September, and destroyed an incalculable number of people. It reappeared in 1514 and 1582, when it spread through Europe, and broke up the famous synod of Marburgh. The last eruption began at Shrewsbury (1551). These epidemics destroyed in some towns the third, in others the half of the inhabitants.

*Scorbutus* is referred to in the history of the Normans (1002), and described in the voyage of St. Louis to Palestine (1250); but no trace of it appears again before the fifteenth century, when long voyages became prevalent. It ravaged the fleet of Vasco de Gama in his voyage to Calcutta (1498).

The *Plica Polonica* spread in Bohemia, Austria, and other countries. It had existed in Poland since the eruption of the Tartars (1287); among whom it is not uncommon.

1493 True *Syphilis* broke out in the summer of this year, almost simultaneously in every part of Europe. In the sporadic form it had been often confounded with leprosy; but now, becoming epidemic, its characters were more distinctly marked After a careful examination of the historical data, Sprengel concludes, that "the opinion that syphilis originated in America is founded on inadequate evidence."

### *The Hippocratic Schools of the Sixteenth Century.*

1428-1524 *Leonicenus*, a professor of Padua, in his famous letter to Politian, freely criticised the errors of the ancients, particularly those of Pliny (1492), and the Arabs. He was the real restorer of the Hippocratic medicine.

1461-1524 *Thomas Linacer*, born at Canterbury, contributed as much as Leonicenus to the restoration of the pure doctrines of antiquity. His Latin translations from the Greek are the best we possess; they are at once faithful and elegant. He left funds for the support of a professor at each of the universities; and founded the Company of Physicians—a self-elective body of very dubious utility, but in harmony with the state of things then existing.

1510-73 *John Kay*, (Latin *Caius*,) of Norwich, a professor at Cam-

## Moon's Aspects.

| | |
|---|---|
| First Quarter 7 day 11h. 12 aft. | New Moon 29 day 8h. 1m. aft. |
| Full Moon 14 day 1h. 28 aft. | ☽ Apogee 13 day 11h. morn. |
| Last Quarter 21 day 3h. 54 aft. | ☽ Perigee 25 day 4h. aft. |

| Days of Month. | Wk. days. | HOLIDAYS, SUNDAYS, AND MEDICAL WRITERS. | Sun rises. | Sun sets. | Equa. Time. Clock aft. sun. | Sun's Declination. | Moon's Age. Noon. | Moon's Southing. |
|---|---|---|---|---|---|---|---|---|
| | | | h. m. | h. m. | m. s. | north. | days. | h. m. |
| 1 | Fr. | D. breaks, 3h. 7m. | 5 14 | 6 46 | 0 9 | 8°17′ | 1.3 | aftern. |
| 2 | Sa. | Bellini *b.* 1643 | 5 16 | 6 44 | 0 28 | 7°55′ | 2.3 | 1 38 |
| 3 | 𝔖 | 15 Sun. aft. Trin. | 5 18 | 6 42 | 0 47 | 7°33′ | 3.3 | 2 20 |
| 4 | M. | L. of d. 13h. 21m. | 5 20 | 6 40 | 1 7 | 7°11′ | 4.3 | 3 3 |
| 5 | Tu. | Haen *d.* 1776 | 5 21 | 6 39 | 1 26 | 6°49′ | 5.3 | 3 48 |
| 6 | W. | Le Cat *b.* 1700 | 5 23 | 6 37 | 1 46 | 6°26′ | 6.3 | 4 38 |
| 7 | Th. | D. breaks, 3h. 24m | 5 25 | 6 35 | 2 6 | 6° 4′ | 7.3 | 5 33 |
| 8 | Fr. | Cor. King Will. IV | 5 27 | 6 33 | 2 26 | 5°41′ | 8.3 | 6 32 |
| 9 | Sa. | Galvani *b.* 1737 | 5 29 | 6 31 | 2 47 | 5°19′ | 9.3 | 7 34 |
| 10 | 𝔖 | 16 Sun. aft. Trin. | 5 31 | 6 29 | 3 7 | 4°56′ | 10.3 | 8 37 |
| 11 | M. | | 5 33 | 6 27 | 3 28 | 4°33′ | 11.3 | 9 39 |
| 12 | Tu. | L. of *d.* 12h. 50m. | 5 35 | 6 25 | 3 49 | 4°10′ | 12.3 | 10 36 |
| 13 | W. | D. breaks, 3h. 37m | 5 37 | 6 23 | 4 10 | 3°47′ | 13.3 | 11 31 |
| 14 | Th. | | 5 39 | 6 21 | 4 31 | 3°24′ | 14.3 | morn. |
| 15 | Fr. | Poissonier *d.* 1798 | 5 41 | 6 19 | 4 52 | 3° 1′ | 15.3 | 0 22 |
| 16 | Sa. | Mayow *d.* 1679 | 5 43 | 6 17 | 5 13 | 2°38′ | 16.3 | 1 12 |
| 17 | 𝔖 | 17 Sun. aft. Trin. | 5 45 | 6 15 | 5 35 | 2°15′ | 17.3 | 2 1 |
| 18 | M. | Wells, *d.* 1817 | 5 47 | 6 13 | 5 56 | 1°51′ | 18.3 | 2 51 |
| 19 | Tu. | L. of d. 12h. 22m. | 5 49 | 6 11 | 6 17 | 1°28′ | 19.3 | 3 43 |
| 20 | W. | D. breaks, 3h. 54m | 5 51 | 6 9 | 6 38 | 1° 5′ | 20.3 | 4 35 |
| 21 | Th. | | 5 53 | 6 7 | 6 59 | 0°42′ | 21.3 | 5 29 |
| 22 | Fr. | Pallas *b.* 1741 | 5 55 | 6 5 | 7 20 | 0°18′ | 22.3 | 6 23 |
| 23 | Sa. | | 5 57 | 6 3 | 7 41 | south. | 23.3 | 7 15 |
| 24 | 𝔖 | 18 Sun. aft Trin. | 5 58 | 6 2 | 8 1 | 0°29′ | 24.3 | 8 5 |
| 25 | M. | D. breaks, 4h. 5m. | 6 0 | 6 0 | 8 22 | 0°52′ | 25.3 | 8 52 |
| 26 | Tu. | L. of day 11h. 56m | 6 2 | 5 58 | 8 42 | 1°15′ | 26.3 | 9 36 |
| 27 | W. | Guglielmi *b.* 1655 | 6 4 | 5 56 | 9 2 | 1°39′ | 27.3 | 10 18 |
| 28 | Th. | Mayerne *b.* 1573 | 6 6 | 5 54 | 9 22 | 2° 2′ | 28.3 | 10 59 |
| 29 | Fr. | St. Michael | 6 8 | 5 52 | 9 41 | 2°26′ | 29.3 | 11 39 |
| 30 | Sa. | Jew Era, 5598 beg. | 6 10 | 5 50 | 10 1 | 2°49′ | 0.7 | aftern. |

Meteorological Observations, and Medicinal Plants in Flower.

Highest Temperature of the Air observed in different Climates.
[Centigrade Degrees.]

| Places. | Max. Temp. |
|---|---|
| Equator .. | 38.4 |
| Surinam .. | 32.3 |
| Oasis of Mourgouk | 54 |
| Pondicher. | 44.7 |
| Madras .. | 40.0 |
| Beit-el Fak | 38.1 |
| Martiniqu. | 35.0 |
| Madagasc. | 45.0 |
| Guadalou. | 38.4 |
| Vera Cruz | 35.6 |
| Is. of Franc | 32.6 |
| Cairo .... | 40.2 |
| Bassora .. | 45.3 |
| Paramatta | 41.1 |
| Cape G. Ho | 43.7 |
| Vienna.... | 35.9 |
| Strasburg | 35.9 |
| Paris ..... | 38.4 |
| London... | 33.4 |
| Warsaw... | 33.8 |
| Copenhgn | 33.7 |
| Stockholm | 34.4 |
| Petersbgh | 30.6 |
| Iceland... | 20.9 |
| Mllv. Islnd | 15.6 |

*Pouillet.*

Colchicum Autumnale, *Melanthaceæ.*

A. D. bridge, made several good translations from the ancients, and founded a college at Cambridge: he was the historian of the sweating sickness (Ephemera Anglica).

*Koch* (1549), *Gonthier* (1571), *Cornarus* (1538), *Gorraeus* (1578), *Hollerius* (1578), but particularly *Louis Duret* and *Foës*, followed in the steps of Linacer, and translated parts of the works of Hippocrates, Galen, and other Greek writers.

*Fuchs*, inspired, as he affirms, by irreconcilable hatred, wrote against Avicenna and the Arabs: Manard and Lange interpreted several passages of Hippocrates.

B. 1530 *Jerome Mercurialis* wrote a work full of erudition on the gymnastics of the ancients.

*Baptista Montanus*, "in quem, si pythagoricè loqui licet, Galeni anima migrâsse videtur," (Fracastorius) published an edition of Galen's works, and wrote commentaries on Rhazes (1554) and Hippocrates (1555).

1506-1558 *Fernel*, an independent thinker, applied the philosophy of *Ramus* to medicine: he proved, by dissection, that in allowing the testicle to descend, the peritoneum is distended, not ruptured. The brain is the seat of the soul; the *form* of disease is the *species morbi in materiam impressa et inducta.*

1509-1553 Among the most courageous asserters of independent investigation was *Michael Servetus;* he was born at Villa-Nueva, studied at Toulouse, opened a course of public lectures in Paris (1526), and published a book on syrups, in which he examined the doctrines of coction. He explained the pulmonary circulation in the *Restitutio Christianismi*; a work which gave John Calvin an opportunity of consigning his long-marked victim to the flames.*

Great disputes arose on the question of *revulsion*, and the parts from which blood should be let in pleurisy.

### *Diseases accurately described in the Sixteenth Century.*

*Syphilis*, denominated *morbus gallicus*, was first called *venereal* disease by Bethencourt, and attributed to debauch by Paracelsus—"Venus is the mother of the malady." Mercury had been employed by the surgeons, and by quacks, externally, since the year 1497; Mathiolus first administered it internally in syphilis; Paracelsus introduced a better preparation of this medicine, and recommended it in preference to all others.

*Guaiacum*, known in 1517, was considered by physicians the most certain cure for syphilis; sarsaparilla, and sassafras were

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* Calvin wrote to Viret, *seven years* before the death of Servetus: Servetus cupit huc venire, sed a me accersitus. Ego autem nunquam committam, ut fidem meam eatenus obstrictum habeat. *Jam enim constitutum habeo, si veniat, nunquam pati ut salvus exeat.* (Allwoerden.)

# OCTOBER XXXI DAYS.

## Moon's Aspects.

First Quarter 7d. 7h. 13m. morn.
Full Moon 13 day 11h. 15m. aft.
Last Quarter 21 day 9h. 55m. mn.

New Moon 29 day 11h. 33m. mn.
☽ Perigee 11 day 2h. aft.
☽ Apogee 23 day 10h. morn.

| Days of Month. | Wk. days. | HOLIDAYS, SUNDAYS, AND MEDICAL WRITERS | Sun rises. | Sun sets. | Equa. Time. Clock aft. sun | Sun's Declination. | Moon's Age. Noon. | Moon's Southing. |
|---|---|---|---|---|---|---|---|---|
| | | | h. m. | h. m. | m. s. | south. | day | h. m. |
| 1 | A | 19 Sun. aft. Trin. | 6 12 | 5 48 | 10 11 | 3°12′ | 1.7 | aftern. |
| 2 | M. | D.breaks, 4h.20m | 6 14 | 5 46 | 10 39 | 3°36′ | 2.7 | 1 47 |
| 3 | Tu. | Denis, *d.* 1704. | 6 16 | 5 44 | 10 57 | 3°59′ | 3.7 | 2 35 |
| 4 | W. | | 6 18 | 5 42 | 11 15 | 4°22′ | 4.7 | 3 28 |
| 5 | Th. | L. of d. 11h. 24m. | 6 20 | 5 40 | 11 33 | 4°45′ | 5.7 | 4 25 |
| 6 | Fr. | Caius *b.* 1510. | 6 22 | 5 38 | 11 51 | 5° 9′ | 6.7 | 5 26 |
| 7 | Sa. | D.breaks, 4h.31m | 6 24 | 5 36 | 12 8 | 5°32′ | 7.7 | 6 27 |
| 8 | A | 20 Sun. aft. Trin. | 6 26 | 5 34 | 12 25 | 5°55′ | 8.7 | 7 27 |
| 9 | M. | Fallopius, *d.* 1562. | 6 28 | 5 32 | 12 41 | 6°18′ | 9.7 | 8 24 |
| 10 | Tu. | Ox.T.b.Cam.T.b. | 6 30 | 5 30 | 12 57 | 6°40′ | 10.7 | 9 18 |
| 11 | W. | Sabbatier *b.* 1732. | 6 32 | 5 28 | 13 12 | 7° 3′ | 11.7 | 10 9 |
| 12 | Th. | L. of day 10h.52m | 6 34 | 5 26 | 13 27 | 7°26′ | 12.7 | 10 58 |
| 13 | Fr. | D.breaks, 4h.43m | 6 36 | 5 24 | 13 42 | 7°48′ | 13.7 | 11 48 |
| 14 | Sa. | | 6 38 | 5 22 | 13 56 | 8°11′ | 14.7 | morn. |
| 15 | A | 21 Sun. aft. Trin. | 6 40 | 5 20 | 14 9 | 8°33′ | 15.7 | 0 37 |
| 16 | M. | Haller, *b.* 1708. | 6 42 | 5 18 | 14 22 | 8°55′ | 16.7 | 1 29 |
| 17 | Tu. | Reaumer, *d.* 1757. | 6 43 | 5 17 | 14 34 | 9°17′ | 17.7 | 2 22 |
| 18 | W. | | 6 45 | 5 15 | 14 46 | 9°39′ | 18.7 | 3 17 |
| 19 | Th. | L. of day 10h.26m | 6 47 | 5 13 | 14 57 | 10° 1′ | 19.7 | 4 12 |
| 20 | Fr. | D.breaks, 4h.57m | 6 49 | 5 11 | 15 7 | 10°22′ | 20.7 | 5 6 |
| 21 | Sa. | Stahl *b.* 1660 | 6 51 | 5 9 | 15 17 | 10°44′ | 21.7 | 5 58 |
| 22 | A | 22 Sun. aft. Trin. | 6 53 | 5 7 | 15 26 | 11° 5′ | 22.7 | 6 46 |
| 23 | M. | [1632. | 6 55 | 5 5 | 15 34 | 11°26′ | 23.7 | 7 31 |
| 24 | Tu. | Leeuweenhoeck *b.* | 6 57 | 5 3 | 15 42 | 11°47′ | 24.7 | 8 14 |
| 25 | W. | D.breaks, 5h. 6m. | 6 59 | 5 1 | 15 49 | 12° 8′ | 25.7 | 8 55 |
| 26 | Th. | L. of day 9h.57m. | 7 1 | 4 59 | 15 55 | 12°29′ | 26.7 | 9 35 |
| 27 | Fr. | Baillie *b.* 1761 | 7 2 | 4 58 | 16 0 | 12°49′ | 27.7 | 10 16 |
| 28 | Sa. | | 7 4 | 4 56 | 16 5 | 13°10′ | 28.7 | 10 58 |
| 29 | A | 23 Sun. aft. Trin. | 7 6 | 4 54 | 16 9 | 13°30′ | 0.0 | 11 42 |
| 30 | M. | | 7 8 | 4 52 | 16 12 | 13°49′ | 1.0 | aftern. |
| 31 | Tu. | L. of day 9h 40m. | 7 10 | 4 50 | 16 14 | 14° 9′ | 2.0 | 1 23 |

### Meteorological Observations.

The mean Temperature of October approaches near that of the year, even in very different latitudes.—*Humboldt mem. d' Arcueil.*

| Place. | Oct. | Year |
|---|---|---|
| Cairo | 72° 3 | 72° 3 |
| Algiers | 72° 0 | 69° 8 |
| Rome | 62° 0 | 60° 4 |
| Milan | 58° 1 | 55° 8 |
| N York | 54° 5 | 53° 8 |
| Pekin | 55° 4 | 54° 7 |
| Paris | 51° 2 | 51° 0 |
| Lond. | 52° 3 | 51° 8 |
| Kend. | 46° 3 | 46° 4 |
| Genev | 49° 3 | 49° 3 |
| Dublin | 48° 5 | 48° 7 |
| Edinb. | 47° 8 | 48° 2 |
| Stock. | 42° 2 | 42° 4 |
| Queb. | 41° 9 | 42° 8 |
| Peters | 38° 8 | 39° 0 |

Comparison of the true Mean Temperature, with the mean at 9 o'clock in the morning, Paris, 1829.

| | | |
|---|---|---|
| Jan. | —2.0 | — 2.6 |
| Feb. | 2.7 | 2.6 |
| Mar. | 5.7 | 5.6 |
| Apr. | 9.8 | 11.1 |
| May | 14.9 | 16.4 |
| Jun. | 17.1 | 19.1 |
| July | 18.6 | 19.3 |
| Aug | 17.0 | 18.3 |
| Sep. | 13.7 | 15.0 |
| Oct. | 10.0 | 9.9 |
| Nov | 4 7 | 4.2 |
| Dec. | —3.5 | —4.1 |
| Mn. | 9.1 | 9.6 |

Degrees of the Centigrade Thermometer.

A. D. afterwards employed. As well as scorbutus, syphilis was supposed to modify other diseases, and to appear in several disguises.

1510, 1557, 1580 Epidemics of hooping cough in France, which spared neither *age* nor sex, but proved more fatal in *children* than in adults. The epidemic of 1580 reigned all over Europe for about six months; it carried off nine thousand children in Rome.

1535 An epidemic pleurisy in Venice; 1537, in Brescia and all Lombardy; 1551, in Switzerland and Upper Italy; 1564, in England, whence it spread to Holland and Switzerland. Dissections proved that the substance of the lung was inflamed.

1566 *Camp-fever*, *said* to have appeared first in the campaign of Maximilian II. against the Turks.

1588, 1593 *Raphania*, from eating bad grain, described in Silesia by Schwenekfeld.

1505, 1527, 1528, 1587 *Petechial* fever epidemic in Upper Italy; 1534, 1557, in France; 1564, *Plague* in Fribourg; 1568, in Paris; 1574—77, celebrated epidemic years; 1576, plague in Venice; 1577, in Palermo. The plague was said to depend on putridity of the fluids; it was believed to be contagious, and referred to the wrath of God, and malignant stars. Bleeding was recommended at the beginning of the disease in young and vigorous persons.

### *Principal Observers of the Sixteenth Century.*

*N. Massa* gave a good account of tic-douloureux (1550); *Amatus* maintained that there were no signs by which the sex of the embryo could be distinguished; *Mundella* (Epist. 1543) denied the vaunted virtues of precious stones; *Dunus* (Miscellan. Med., 1592) relates a case of poisoning from the bite of a scorpion, cured by ligature of the wounded finger; *Trincavella* reported numerous cases of nervous sympathy (Consil. Med., 1587); *Valleriola* (Observ. Med.) saw a young girl recover from fever after a menorrhagia in which she lost six pounds of blood; *Solenander* saw insects escape with the urine (Consil.); *D. Cornarus* first described an intermittent dysentery.

### *Pathological Anatomy in the Sixteenth Century.*

*Kentmann* and *Donatus* collected all the observations that had been made of concretions in different parts of the body, —in the brain, under the tongue, in the intestines, the muscles, and the ends of the bones. *Benivieni*, *Vesalius*, and *Fallopius* first examined biliary calculi. Donatus and Shenck published cases of inflammation and *ulcers* of the heart. The observations

# NOVEMBER XXX Days. 1837.

## Moon's Aspects.

First Quarter 5 day. 2h. 24m. aft.
Full Moon 12day 11h. 30m morn.
Last Quarter 20 day 6h. 34m. mn.

New Moon 28 day 1h. 50m. mn.
☽ Perigee 7 day 5h. aft.
☽ Apogee 20 day 6h. morn.

| Days of Month. | Wk. days. | Holidays, Sundays, and Medical Writers. | Sun rises. | Sun sets. | Equa. Time. Clock aft. sun | Sun's Declination. | Moon's Age. Noon. | Moon's Southing. |
|---|---|---|---|---|---|---|---|---|
| | | | h. m. | h. m. | m. s. | south. | day. | h. m. |
| 1 | W. | D.breaks, 5h.17m | 7 12 | 4 48 | 16 16 | 14°28′ | 3.0 | aftern. |
| 2 | Th. | Mic. Term begins | 7 14 | 4 46 | 16 17 | 14°27′ | 4.0 | 3 20 |
| 3 | Fr. | Leslie, Sir J. *d* 1832 | 7 15 | 4 45 | 16 17 | 15° 6′ | 5.0 | 4 21 |
| 4 | Sa. | Marc *b.* 1771 rin. | 7 17 | 4 43 | 16 16 | 15°25′ | 6.0 | 5 21 |
| 5 | 𝔄 | 24 Sun. aft. T 80. | 7 19 | 4 41 | 16 14 | 15°43′ | 7.0 | 6 18 |
| 6 | M. | Ingrassia. *d.* 15 | 7 21 | 4 39 | 16 12 | 16° 2′ | 8.0 | 7 11 |
| 7 | Tu. | D.breaks, 5h.2 5m | 7 22 | 4 38 | 16 8 | 16°19′ | 9.0 | 8 2 |
| 8 | W. | Gruner, *b.* 174 4. | 7 24 | 4 36 | 16 4 | 16°37′ | 10.0 | 8 50 |
| 9 | Th. | L. of day 9h. 9m. | 7 26 | 4 34 | 16 0 | 16°54′ | 11.0 | 9 38 |
| 10 | Fr. | Schiller *b.* 1759 | 7 27 | 4 33 | 15 54 | 17°11′ | 12.0 | 10 26 |
| 11 | Sa. | Bichat *b.* 1771 | 7 29 | 4 31 | 15 47 | 17°28′ | 13.0 | 11 16 |
| 12 | 𝔄 | 25 Sun. aft. Trin. | 7 31 | 4 29 | 15 40 | 17°44′ | 14.0 | morn. |
| 13 | M. | D.breaks, 5h.34m | 7 32 | 4 28 | 15 32 | 18° 0′ | 15.0 | 0 8 |
| 14 | Tu. | Hewson *b.* 1739 | 7 34 | 4 26 | 15 22 | 18°16′ | 16.0 | 1 3 |
| 15 | W. | | 7 35 | 4 25 | 15 13 | 18°32′ | 17.0 | 1 59 |
| 16 | Th. | L. of day 7h. 47m. | 7 37 | 4 23 | 15 2 | 18°47′ | 18.0 | 2 54 |
| 17 | Fr. | | 7 39 | 4 21 | 14 50 | 19° 2′ | 19.0 | 3 48 |
| 18 | Sa. | | 7 40 | 4 20 | 14 38 | 19°16′ | 20.0 | 4 38 |
| 19 | 𝔄 | 26 Sun. aft. Trin. | 7 41 | 4 19 | 14 24 | 19°30′ | 21.0 | 5 25 |
| 20 | M. | D. breaks, 5h.42m | 7 43 | 4 17 | 14 10 | 19°44′ | 22.0 | 6 9 |
| 21 | Tu. | | 7 44 | 4 16 | 13 55 | 19°57′ | 23.0 | 6 50 |
| 22 | W. | L. of day 8h. 29m. | 7 46 | 4 14 | 13 39 | 20°11′ | 24.0 | 7 30 |
| 23 | Th. | | 7 47 | 4 13 | 13 22 | 20°23′ | 25.0 | 8 10 |
| 24 | Fr. | | 7 48 | 4 12 | 13 5 | 20°36′ | 26.0 | 8 51 |
| 25 | Sa. | Mic. Term ends | 7 50 | 4 10 | 12 47 | 20°47′ | 27.0 | 9 35 |
| 26 | 𝔄 | 27 Sun. aft. Trin. | 7 51 | 4 9 | 12 28 | 20°59′ | 28.0 | 10 21 |
| 27 | M. | | 7 52 | 4 8 | 12 8 | 21°10′ | 29.0 | 11 13 |
| 28 | Tu. | Plenk *b.* 1732 | 7 53 | 4 7 | 11 48 | 21°21′ | 0.4 | aftern. |
| 29 | W. | Ramadan begins. | 7 54 | 4 6 | 11 26 | 21°31′ | 1.4 | 1 10 |
| 30 | Th. | St. Andrew. | 7 55 | 4 5 | 11 5 | 21°41′ | 2.4 | 2 13 |

Meteorological Observations, and Medicinal Plants in Flower.

In Amsterdam the Deaths from Fever (chiefly intermittents) appear to be most numerous in October and November.

Table of Mean Temperature, and of the Deaths from Fever in each Month of 1834.

| Months. | Mean Temp. | Deaths fm. Fever. | Deaths fm Scarla. |
|---|---|---|---|
| Jan. | 44.9 | 42 | 1 |
| Feb. | 39.9 | 26 | 0 |
| Mar | 45.3 | 47 | 0 |
| Apr. | 48.2 | 48 | 1 |
| May | 60.3 | 47 | 4 |
| Jun. | 64.7 | 48 | 22 |
| July | 70.2 | 31 | 39 |
| Aug | 67.8 | 69 | 50 |
| Sep. | 62.8 | 141 | 78 |
| Oct. | 54.4 | 216 | 136 |
| Nov | 44.2 | 211 | 106 |
| Dec | 42.9 | 124 | 61 |
| Mu. | 53.8 | 1050 | 498 |

The population of Amsterdam was 202,364 souls, the total deaths 8440. The deaths from fever, amounted to 1 in 192 inhabitants.

A. D. of *Dodoens* threw the first light on concussion of the brain. *Shenck* published a collection of autopsies; he endeavoured to *classify diseases according to their visible causes. Felix Plater* distinguished himself by some excellent observations: the collection of *Forestus* is still classical; it contains, perhaps, the earliest case of measles. *Diversus distinguished inflammation of the cortical substance of the brain from frenzy and apoplexy*, which he attributed not to compression of that organ, but to oppression of the nervous force. Cases of sanguineous sweat, of conception prior to menstruation, and of the secretion of milk by males, were recorded by *Donatus*.

### *Semiotics in the Sixteenth Century.*

1483-1553 *Fracastorius*, at the age of 19, became professor of logic in Padua; and afterwards practised medicine in Verona. He invented an ingenious theory of critical days. His poem on Syphilis appeared in 1530.

*Uroscopy* was much cultivated; in Germany the prince's urine was examined by the court physician every morning.

1616. *Prospero Alpinus* should be considered the founder of semiotics; his excellent work on semiotic pathology fixed the principles of that science. His work *De Medicina Egyptorum* contributed to found his reputation.

1500-1600 *Lomm*, *Campolongo*, *Fyens*, and *Sassonia* contributed more or less to the progress of semeiology.

Several *compendiums of medicine* appeared in this century: Felix Platner, of Sion, a professor in Basil, first attempted a classification of diseases (*Praxis medica*, 1625). He examined successively (1) lesions of the functions, (2) visible alterations, (3) evacuations, and (4) retentions.

*Vidus Vidius, junior et senior*, authors of a complete and very celebrated epitome of medicine.

### *The Reformation of Medicine.*

Medicine as well as theology had its reformation. This was mainly effected by Paracelsus; but *Argentier* (Comment. in Galen, 1592), *Joubert*, chancellor of Montpellier, (*Paradoxes*) and Dudith prepared the way, by attacking ancient, and advancing new opinions.

1577 Botalli effected a revolution in therapeutics; the French bled very seldom,—(Duret pleasantly called himself *un fort petit saigneur*)—when Botalli appeared, and at once recommended what a modern Gallican has called bleeding *coup-sur-coup*, to the extent of two or three pounds, repeated four or five times, not only in pneumonia, but in dysentery, fever, and even marasmus. This method spread rapidly through France, and was received with transport in Italy.

## Moon's Aspects,

First Quarter 4 d. 9h. 52m. aft.
Full Moon 12 day 2h. 18m. morn.
Last Quarter 20 day 4h. 13m. m.
New Moon 27 day 2h. 33m. aft.

☽ Perigee 2 day 10h. morn.
☽ Apogee 18 day 3h. morn.
☽ Perigee 29 day 8h. aft.

| Days of Month. | Wk. days | HOLIDAYS, SUNDAYS, AND MEDICAL WRITERS. | Sun rises. | Sun sets. | Equa. Time. Clock aft. sun | Sun's Declination. | Moon's Age. | Moon's Southing. |
|---|---|---|---|---|---|---|---|---|
| | | | h. m. | h. m. | m. s. | south. | day. | h. m. |
| 1 | Fr. | D. brks. 5h. 54m. | 7 56 | 4 4 | 10 42 | 21°51′ | 3.4 | aftern. |
| 2 | Sa. | L. of d. 8h. 6m. | 7 58 | 4 2 | 10 19 | 22° 0′ | 4.4 | 4 14 |
| 3 | 𝔄 | Advent Sunday | 7 59 | 4 1 | 9 55 | 22° 8′ | 5.4 | 5 8 |
| 4 | M. | | 7 59 | 4 1 | 9 31 | 22°17′ | 6.4 | 5 59 |
| 5 | Tu. | | 8 0 | 4 0 | 9 6 | 22°24′ | 7.4 | 6 47 |
| 6 | W. | Black *d.* 1799 | 8 1 | 3 59 | 8 41 | 22°32′ | 8.4 | 7 34 |
| 7 | Th. | D. brks. 5h. 37m. | 8 2 | 3 58 | 8 15 | 22°39′ | 9.4 | 8 21 |
| 8 | Fr. | Hedwig *b.* 1730 | 8 3 | 3 57 | 7 49 | 22°45′ | 10.4 | 9 9 |
| 9 | Sa. | Scheele *b.* 1742 | 8 3 | 3 57 | 7 22 | 22°51′ | 11,4 | 9 59 |
| 10 | 𝔄 | 2 Sund. in Adv. | 8 4 | 3 56 | 6 55 | 22°57′ | 12.4 | 10 52 |
| 11 | M. | L. of d. 7h. 52m. | 8 4 | 3 56 | 6 27 | 23° 2′ | 13.4 | 11 47 |
| 12 | Tu. | Darwin *b.* 1731 | 8 5 | 3 55 | 5 59 | 23° 7′ | 14.4 | morn. |
| 13 | W. | D. brks. 5h. 59m. | 8 5 | 3 55 | 5 31 | 23°11′ | 15.4 | 0 42 |
| 14 | Th. | | 8 6 | 3 54 | 5 2 | 23°15′ | 16.4 | 1 37 |
| 15 | Fr. | Brera *b.* 1772 | 8 6 | 3 54 | 4 33 | 23°18′ | 17.4 | 2 29 |
| 16 | Sa. | Cam. term ends | 8 7 | 3 53 | 4 4 | 23°21′ | 18.4 | 3 18 |
| 17 | 𝔄 | 3 Sund. in Adv. | 8 7 | 3 53 | 3 35 | 23°23′ | 19.4 | 4 3 |
| 18 | M. | Oxford term ends | 8 7 | 3 53 | 3 5 | 23°25′ | 20.4 | 4 45 |
| 19 | Tu. | D. brks. 6h. 1m. | 8 7 | 3 53 | 2 35 | 23°26′ | 21.4 | 5 26 |
| 20 | W. | Ploucquet *b.*1744 | 8 8 | 3 52 | 2 6 | 23°27′ | 22.4 | 6 5 |
| 21 | Th. | L. of d. 7h. 42m. | 8 8 | 3 52 | 1 36 | 23°28′ | 23.4 | 6 45 |
| 22 | Fr. | Pott *d.* 1788 | 8 8 | 3 52 | 1 5 | 23°28′ | 24.4 | 7 26 |
| 23 | Sa. | Frank (J.)*b.*1771 | 8 8 | 3 52 | 0 35 | 23°27′ | 25.4 | 8 10 |
| 24 | 𝔄 | 4 Sund. in Adv. | 8 8 | 3 52 | 0 5 | 23°26′ | 26.4 | 8 59 |
| 25 | M. | Christmas day. | 8 7 | 3 53 | B 25 | 23°25′ | 27.4 | 9 59 |
| 26 | Tu. | Peyer *b.* 1653 | 8 7 | 3 53 | 0 55 | 23°23′ | 28.4 | 10 52 |
| 27 | W. | D. incr. 0h. 6m. | 8 7 | 3 53 | 1 25 | 23°21′ | 29.4 | 11 56 |
| 28 | Th. | | 8 7 | 3 53 | 1 54 | 23°18′ | 0.9 | aftern. |
| 29 | Fr. | | 8 6 | 3 54 | 2 24 | 23°14′ | 1.9 | 2 3 |
| 30 | Sa. | L. of d. 7h. 48m. | 8 6 | 3 54 | 2 53 | 23°11′ | 2.9 | 3 1 |
| 31 | 𝔄 | 1 Sun. aft. Christ. | 8 5 | 3 55 | 3 22 | 23° 7′ | 3.9 | 3 55 |

Mean Annual Temperature of London and Paris compared.

| Years. | Near London. | Paris Observatory |
|---|---|---|
| 1806 | | 53.8 |
| 1807 | 48.4 | 51.4 |
| 1808 | 48.6 | 50.5 |
| 1809 | 49.5 | 51.1 |
| 1810 | 49.5 | 51.1 |
| 1811 | 51.2 | 53.6 |
| 1812 | 47.7 | 49.8 |
| 1813 | 49.8 | 50.4 |
| 1814 | 47.0 | 49.6 |
| 1815 | 49.6 | 50.9 |
| 1816 | 46.6 | 48.9 |
| 1817 | 47.8 | 50.7 |
| 1818 | 50.0 | 52.5 |
| 1819 | 49.9 | 52.0 |
| 1820 | 48.0 | 49.6 |
| 1821 | 49.7 | 52.0 |
| 1822 | 51.3 | 49.6 |
| 1823 | 48.3 | 50.7 |
| 1824 | 49.5 | 52.2 |
| 1825 | 50.8 | 53.1 |
| 1826 | 51.2 | 52.5 |
| Mn. temp. of places. | 49.2 | 51.4 |

The observations for Paris were taken at the Observatory, out of Paris; those for the neighbourhood of London are from Mr. Howard's work on the climate of London. The temperature of Paris appears to be 2° 2′ higher than that of London, uninfluenced by artificial heat.

A. D. The *cabal*, *necromancy*, *alchemy*, and *astrology*, propagated by *Reuchlin*, *Agrippa*, *Lemnius*, *Rocca*, *Nostradamus*, and *Cardan*, obtained an almost universal ascendancy; their doctrines were digested with as much credulity by the learned as the miracles of the church. In the course of a few years, 6500 of the inhabitants of Trêves, accused of witchcraft, perished on the scaffold.

*Wyer* and *John Baptist Porta* (*Magia naturalis* 1561) proved that many of the pretended works of demons were natural phenomena.

*Laurens* of Montpellier, and *Tooker*, an Englishman, (1597) wrote two books on the litigated question, whether the kings of France or England possessed the power of curing scrofula by the royal touch.

*Basil Valentine*, a Benedictine monk, living at Erford, in the beginning of the fifteenth century; the name was assumed by many alchemists: the *Currus triumphalis Antimonii* appeared in the sixteenth century; and Sprengel conjectures, was written by Paracelsus or his disciples. In his works are found several chemical discoveries: *liver of sulfur*, *bismuth*, and *sugar of lead* are well described; so is the preparation of *antimony*, *butter of antimony*, (sesquichloride,) *red precipitate*, *fluor*, *sulfuric acid from sulfate of iron* and from *sulfur*, *nitric acid*, *muriatic acid*, *nitro muriatic acid*, and *sulfuric æther*.

1493-1451 *Philip-Aureolus Theophrastus Bombast von Hohenheim—Paracelsus*—"that father of chemists and modern enthusiasts"—was a native of Einsideln, a few miles from Zurich. He introduced a great number of good remedies into practice—tinctures, essences, extracts, and active principles, instead of useless syrups and decoctions—preparations of mercury, antimony, and other metals, instead of inert herbs. The illimitable compounds of the day—the taste, as he termed it, for *multiplication in prescription*—did not escape his censure. If his excellent remarks had been regarded, on the influence the *deteriorating air of hospitals exercises on the sick*, the mortality in these establishments would never subsequently have reached so high a pitch. The diseases produced by mercurial and arsenical vapours are accurately described. Nature, by a *murine* (lymph) of her own, cicatrises sores; the surgeon should only exclude the external elements; plasters are unnecessary. His theories of disease founded on *Tartarus*, the effervescence of salts, the combustion of sulfur, the coagulation of mercury, are incoherent: the doctrine of an attraction and harmony between the parts of the human body and celestial bodies; of the planetary and spiritual influences; of direct inspiration, were qualified by affirming that genius is inborn; that the sun, moon, and the host of heaven

A. D. affect us only by altering the atmosphere; that as they are free in their courses, we are free in ours; and that heaven, with its stars and its correspondences to plants and parts of the body, was ten times more easily learned than insufferable Latin or the Greek grammar.

Paracelsus was initiated in alchemy, astrology, and medicine by his father and several of the higher clergy; he was army surgeon in several of the campaigns of Italy and the Netherlands, and the ornament of several schools; (according to his own account;) visited Bohemia, Sweden, Spain, and the East, to see the mines, and be initiated in the eastern mysteries; and at the age of thirty-three enjoyed great renown in Germany for his cures. In 1526, Paracelsus was made professor of physic and surgery at the university of Basil, and attracted great multitudes. He opened his course by burning the works of Avicenna and Galen. Some unsuccessful cases, bringing an action against a canon to recover a fee, attacking the magistrates who decided in favour of his adversary, and very irregular habits, rendered his flight from Basil necessary. He had seldom lectured unexcited by liquor, or dictated to his secretary but under the plenary inspiration of wine. He called the students of Zurich his "*combibones optimos.*" After visiting many cities and the courts of princes, this wonderful man died in Strasburgh, at the hospital of St. Etienne.

*Thurneysser*, *Severin*, *Duchesne*, *Robert Fludd*, and the *Rose-cross* Society contributed to the diffusion of the doctrines of Paracelsus.

The faculty of Paris denounced *antimony* as a poison, and *Mayerne* was prosecuted (1603) for vending antimonial preparations: he was invited to London by the court, and did much to introduce *chemical* remedies in England.

### *Surgery of the Sixteenth Century.*

*Lithotomy*, *trepanning*, and the *extracting of cataract*, were abandoned by the most celebrated surgeons, and only practised by quacks; it is to be regretted that a part of this injurious arrangement has descended to later times.

1475 *G. Colot*, instructed by one of the *Norsini* of Milan, performed *lithotomy* on a criminal, who recovered in a fortnight. It appears to have been the high operation.

1525 *John of Romani* introduced the *apparatus major*, described by *Mariano Santo*, and improved by *Le Dran*, who *cut* through the prostate and bladder. 1560 Peter Franco performed the *high operation* on an infant at Berne. To extract the stone, Franco only recommended the *dilatation of the urethra* in females; he invented a *lithotome caché*, and a sound.

*Ferri* invented an instrument to extract the projectile in gun-shot wounds: Maggi and Paré confuted the prevailing opinion, that gun-shot wounds were empoisoned and burnt; Maggi dilated them with incisions, and extracted the bullet. He recommended

A. D. amputation when gangrene followed injuries of the arteries; made the incision in the sound parts, and left the muscles to form a stump.

*Bougies* introduced into practice by *Aldaretus, Amatus, Laguna*, (1551,) and *Philip*, made a great noise.

1546-97 *Tagliacozzi*, a professor at Bologna, acquired great celebrity by restoring the nose, ears, and lips. A statue, holding a nose in the hand, was erected to his honour at Bologna.

*Braunschweig* (Chirurgia) considered pus a healing balm, not to be removed from wounds too carefully. *Vigo* applied the actual cautery in scrofula and whitlow. After wounds of the head have healed, it is not rare to see chronic inflammation of the *dura mater*, and of the cortical substance of the brain. *De la Croix* first mentions the *trephine.* (*Chirurg.* 1596.)

*Blondo* recommended *cold water as an application in every kind of wound* except those of the nerves, or contused wounds. *Mariano Santo* applied ligatures in hæmorrhage from wounded arteries; his predecessors had applied caustics. *Fallopia* removed large portions of the cortical substance of the brain without any inconvenience following. *Wurtz*, a celebrated surgeon of this century, wrote a treatise on concealed fractures, unique in its kind.

D. 1590 *Ambroise Paré, the surgeon of his age*, was born at Laval, served in the campaign of Italy, under Francis I., and became surgeon to Francis II. and Charles IX. The latter saved Paré, who was a protestant, from the massacre of St. Bartholomew's day.[*] This distinguished man improved nearly every branch of surgery. He applied the ligature on open vessels with a needle, invented the method of applying ligatures on arteries, blamed the too frequent dressing of ulcers, treated hydrocele by seton, (it was the custom to lay open the scrotum,) and performed bronchotomy successfully. Some good remarks on concussion of the brain, and on the connexion of abscess in the liver with wounds of the head, occur in his works.

*Midwifery* was considerably improved; the *Cæsarean section* was first performed in this century on *living* persons; *Nufer*, of *Turgau*, a pig-cutter, operated on his own wife. *Charles Etienne* published a treatise on the subject, with plates; (1546;) *Rousset*, by a celebrated work, brought the operation into credit. He cited a case where a woman was delivered six times by the Cæsarean section, and died at the seventh accouchement, in the absence of her accustomed surgeon.

### *Anatomial Discoveries to the time of Harvey.*

*Berenger* and *Dubois* (Lat. *Sylvius*) substituted human bodies for pigs, the ancient *subjects* of anatomical demonstration.

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[*] Comme il (Charles IX.) lui eut dit le jour de la St. Barthelemy que c'estoit maintenant qu'il falloit etre catholique, il (Pare) lui repondit hardiment: par la lumiere de Dieu, je crois qu'il vous souvient bien, sire, m'avoir promis (afin que je ne vous desobeysse jamais) de ne me commander aussi jamais quatre choses: A savoir, de rentrer dans le ventre de ma mere, de me trouver en une bataille ou combat, de quitter votre service, ny d'aller a la masse, &c. &c.—*Sully's Memoires.*

A.D. 1513-64 *Vesalius* was born at Brussels, studied at Louvain and Paris, and then went to Padua, where he delivered his first courses of anatomy to large numbers of students (sometimes 500). He lived at Bologna and Pisa, before bringing out his great and immortal work; was invited afterwards to the court of Charles V., became physician to Philip II., and having made a voyage to Palestine, was shipwrecked on his return, and perished in the island of Zante. With the assistance of *Titian* and *John of Calcar*, he produced *the first good anatomical plates, executed after nature.* The *Divine* plates of *Leonardo da Vinci* were dispersed after the death of Della Torre, professor at Padua and Pavia, for whom they were made.

D. 1574 *Eustachius*, unlike Vesalius, was ardently attached to the doctrines of Galen; at the same time he acquired a profound knowledge of anatomy by dissecting the bodies of men and animals. The plates he had engraved (1552) contributed most to his celebrity; they were only published in 1714 by Lancisi, having passed for lost during 150 years. The classical edition of Albinus appeared in 1744, 1761.

1580 *Ingrassias* described the *bones* with great accuracy and detail.

1540-78 *Columbus*, the successor of Vesalius, made a great number of discoveries; he sometimes dissected fifteen bodies in the year.

1523-62 *Fallopia*, the first anatomist of his age, was born at Modena, studied under Vesalius at Padua, travelled over France and Greece, and successively held the chair of anatomy in Ferrara, Pisa, and Padua.

*Varolius*, a professor at Bologna, and *Arantius*, scrupulously examined the labours of Vesalius; they made several discoveries. Varolius first specially studied the base of the brain, and the origin of the nerves.

*Canani*, *Leone*, *Coyter*, *Alberti*, and *Fabricius ab Aquapendente* also made many valuable observations and interesting discoveries.

As it is impossible to detail the several *anatomical discoveries* made by these illustrious men, the errors they corrected, or the good descriptions they gave, it must suffice to mention here a few of the new things found in their works: viz. a description of the bones and parts of the *ear;* (Achellini discovered the *incus* and *malleus* in 1480;) of the *sphenoidal sinus;* of *muscular structure;* of the occipito-frontalis; of the *muscles of the eye*, and several other muscles; of the *Eustachian valve* in the *vena cava descendens* (first seen by *Sylvius*)*;* of the valves in the vena azygos, and the coronary, crural, renal veins; the organs of circulation in the fœtus; the anastomosis of the carotid and vertebral arteries; the elevation and depression of the brain during respiration; the brachial artery; the thoracic duct in the horse; of all the abdominal viscera, except the pancreas (more or less perfect); of the mediastinum; the arytenoid cartilages and the ventricles of the larynx; the lachrymal gland and duct; the hyaloid membrane; the organs of generation (imperfect.) The functions of the brain were ill interpreted: *Varolius*

A. D. and others described several parts of that organ, the olfactory and other nerves, their course and apparent origin, (with sufficient accuracy, except the fifth and seventh pairs,) the spinal marrow and the spinal nerves.

### *Discovery of the Circulation of the Blood.*

1578—1658 *William Harvey*, born at Folkestone, in Kent, studied (1598—1602) under *Fabricius ab Acquapendente*, from whom he acquired a knowledge of the venous valves; in 1619 Harvey taught the doctrines of the circulation publicly, and after nine years' further investigation committed his immortal work to the press. Harvey was the first who gave a complete and formal description of the course of the blood in terms that could not be mistaken, and demonstrated the *circulation* by direct experiment, observation, and inductive reasoning. Galen, in different parts of his writings, had described the greater part of the course pursued by the blood. *Servetus* (1553) and *Columbus* (1559) mentioned the lesser, and Cæsalpinus (1569) the greater circulation. Harvey's teacher had given a full account of the valves in the veins, the only essential parts unknown to Galen; while Galen himself was indebted to Praxagoras, Aristotle, and Erasistratus for several important links in the chain of discovery: *so no one individual discovered the circulation.* But the same restriction may be applied to every other great discovery; and Galen and Harvey, at the distance of fourteen centuries, both stand crowned by the result of their labours, with immortal honours.

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## CHRONOLOGICAL NOTES FOR 1837.

| | | | |
|---|---|---|---|
| Golden Number | 14 | Sunday Letter | A |
| Epact | 23 | Roman Indiction | 10 |
| Cycle of the Sun | 26 | Julian Period | 6550 |

## FESTIVALS, ANNIVERSARIES, &c.

| | | | |
|---|---|---|---|
| Epiphany | Jan. 6 | Rogation Sunday | April 30 |
| Septuagesima Sunday | Jan. 22 | Holy Thursday | May 4 |
| Shrove Sunday | Feb. 5 | Whit Sunday | May 14 |
| Ash Wednesday | Feb. 8 | Trinity Sunday | May 21 |
| Palm Sunday | Mar. 19 | Corpus Christi | May 25 |
| Good Friday | Mar. 24 | Advent Sunday | Dec. 3 |
| Easter Sunday | Mar. 26 | Christmas Day | Dec. 25 |

## TERMS AND RETURNS.

1. Hilary Term, begins Jan. 11, ends Jan. 31.
2. Easter Term, begins April 15, ends May 8.
3. Trinity Term, begins May 22, ends June 12.
4. Michaelmas Term, begins Nov. 2, ends Nov. 25.

For Returns, see Statute William IV. cap. 3. sec. 2. (Passed Dec. 23, 1830.)

## ECLIPSES.

There will be *three* Eclipses of the Sun, and *two* of the Moon.

I. *A partial Eclipse of the Sun.* Begins April 4, at 6h. 58m. morning; greatest at 7h. 36m.; ends at 8h. 13m. *Invisible.*

II. *A total Eclipse of the Moon.* Begins April 20, at 6h. 49m. afternoon; middle at 8h. 41m.; ends at 10h. 32m. The Moon rises eclipsed at London at 6h. 56m. afternoon.

III. *A partial Eclipse of the Sun.* Begins May 4, at 4h. 58m. afternoon; greatest at 6h. 49m.; ends at 8h. 39. *Invisible.*

IV. *A total Eclipse of the Moon.* Begins October 13, at 9h. 30m. afternoon; middle at 11h. 17m.; ends, October 14, at 1h. 3m. morning.

V. *A partial Eclipse of the Sun.* Begins October 29, at 9h. 41m. morning; greatest at 11h. 19m.; ends at 8h. 56m. afternoon. *Invisible.*

# THE ROYAL COLLEGE OF PHYSICIANS,

## PALL MALL, LONDON.

*Founded* 1522, *by Charter from King Henry VIII.*

---

President.—Sir Henry Halford, Bart. G.C.H. F.R.S.

Censors.—Dr. Paris, Dr. Chambers, Dr. Holland, Dr. Bright.

Curators. — Dr. Roupell, Dr. Mower, Dr. Macreight, Dr. Burrows, with the President and Censors.

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Adam, Dr. Walter, *Edinburgh*
Addison, Dr. Thomas, *New-street, Spring-gardens*
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Ainslie, Dr. Henry, *Dover-street*
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Ayre, Dr. Joseph, *Hull*
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Badham, Dr. Charles, *Glasgow*
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Bancroft, Dr. E. N., *Jamaica*
Bankhead, Dr. Charles, *Florence*
Barham, Dr. Thomas Foster
Barker, T. A., M.B., *Grafton-st. Bond-street*
Barlow, G. H., M.B., *Union-street, Southwark*
Bartlet, Dr. James, *Bentinck-street*
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Bernard, Dr. W. R., *Cheltenham*
Billing, Dr. A., *Bedford-place*
Birkbeck, Dr. G., *Finsbury-square*
Black, Dr. Adam
Black, Dr. James, *Bolton*
Blackhall, Dr. John, *Exeter*
Blair, Dr. Thomas, *Brighton*
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Boot, Dr. Francis, *Gower-street*
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Boyd, Dr. Robert, *Mary-le-bone Infirmary*
Boyd, Dr. Robert, *Greenwich*
Boyton, Dr. W. M., *Curzon-street*
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Bradley, Dr. James, *Islington*
Bree, Dr. Robert, *Park-square, Regent's-park*
Bright, Dr. J., *Manchester-square*
Bright, Dr. Richard, *Saville-row*
Brown, Dr. Joseph, *Sunderland*
Brown, Dr. T., *Queen Anne-street*
Bromet, Dr. W., *Knightsbridge*
Buchan, Dr. James, *Edinburgh*
Budd, George, M.B., *Orchard-st., Portman-square*
Burder, Dr. T. H., *Brunswick-sq.*

Burges, Dr. Ynyr, *Nice*
Burke, Dr. Richard, *Sackville-st.*
Burne, Dr. J., *Spring-gardens*
Burnett, Sir William, K.C.H.
Burrows, Dr. G. M., *Gower-street*
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Burton, Dr. H., *Spring-gardens*
Calvert, Dr. John Mitchinson
Calvert, Dr. Robert
Calvert, Dr. J. William, *Blandford-place, Regent's-park*
Campbell, Dr. J. S., *Duke-street, Portland-place*
Cape, Dr. L., *Margaret-street*
Carnegie, Dr. John, *Wimborne*
Carpenter, Dr. Thomas C., *Lyme*
Carter, Dr. H. W., *Canterbury*
Chambers, Dr. William F., *Lower Brook-street*
Chapman, Dr. John, *Barbadoes*
Chermside, Sir Robert A., *Paris*
Chisholm, Dr. Robert, *Canterbury*
Cholmeley, Dr. H. J., *Bridge-st., Blackfriars*
Chowne, Dr. W. D., *Princes-st., Cavendish-square*
Clark, Dr. J., *George-street, Hanover-square*
Clark, Dr. W., *Cambridge*
Clarke, Sir C. M., Bart., *Saville-row*
Clements, Dr. Henry
Clendinning, Dr. J., *Wimpole-st.*
Clough, Dr. James, *Manchester*
Cloves, Dr. J. G., *Worthing*
Clutterbuck, Dr. H., *Bridge-street, Blackfriars*
Cobb, Dr. Fred., *St. Helen's-place*
Collier, Dr. G. F., *Spring-gardens*
Conolly, Dr. John, *Warwick*
Conquest, Dr. J. T., *Finsbury-square*
Cooke, Dr J., *Gower-street*
Cooper, Dr. Chris., *Dorchester*
Cope, Dr. J., *Cambridge*
Copland, Dr. J., *Bulstrode-street*
Cowie, Dr. M. B., *Mecklenburgh-street, Mecklenburgh-square*
Cox, W. Travers, M.B., *Yarmouth*
Crane, Dr. J.W., *Old Cavendish-st.*
Crawford, Dr. A., *St. James's-st.*
Crawford, Dr. Stewart, *Bath*
Crawford, M. A. N. M.B., *Upper Berkeley-street, Portman-square*
Crichton, Sir Alexander, Knt.
Cummin, Dr.W., *GreatRussell-st., Bloomsbury*
Cumming, Dr. George, *Chester*
Cursham, Dr. G., *St. Andrew's-place*
Da Cunha, Dr. Joseph, *Oporto*
Daniell, John B., M.B., *Bath*
Darling, Dr. G., *Russell-square*
Daubeny, Dr. Charles, *Oxford*
Daun, Dr. R., *Brompton-square*
Davis, Dr. B. G., *Albion-place Blackfriars*
Davies, Dr. David, *Bristol*
Davis, Dr. David, *Fitzroy-street*
Davies, Dr. Henry, *Saville-row*
Davis, Dr. John Ford, *Bath*
Davie, Dr. R., *Wimpole-street*
Davies, Dr. Thos. *New Broad-st.*
Davies, Dr. J. B., *Birmingham*
Davison, Dr. N. F., *Russell-square*
Davison, Dr. Thomas
De la Rive, Dr. G. Charles, *Geneva*
Dennison, Dr. R. B.
Dent, Dr. George
De Roches, Dr. John J., *Geneva*
Dew, Dr. Edward, *Gower-street*
Dick, Dr. P. Thomas, *Castle-Carey*
Dickson, Sir D. J. H., *Plymouth*
Dickson, Dr. R., *Finsbury-square*
Dimsdale, Dr. William Pitts
Dobson, Sir R. Knt., *Greenwich*
Domeier, E. A., M.B., *Hart-st., Bloomsbury*
Don, Dr. James, *Bombay*
Donahoo, Dr. T., *Suffolk-place*
Dowler, Dr. T., *Richmond-green*
Drever, Dr. Thomas
Duke, Wm., M.D., *Hastings*
Duncan, Dr. John
Duncan, Dr. James, *Baker-street*
Dyer, H. S., M.B., *Cumberland-terrace*

Dunne, Dr. Thomas
Eden, Dr. R., *Cleveland-square*
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Edwards, Dr. Jas., *Godmanchester*
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Farre, Frederick J., M.B., *Charterhouse-square*
Farre, Dr. John R., *Charterhouse-square*
Faulkner, Sir Arthur Brook, Knt., *Cheltenham*
Fearon, Dr. Devey
Fellowes, Sir J., Knt., M.D. *Brighton*
Ferguson, Dr. Robert, *Queen-st., May-fair*
Ferguson, Dr. William, *Windsor*
Fitton, Dr. William Henry, *Portland-place*
Foley, Dr. John, *Charles-street, Manchester-square*
Foote, Dr. W. H., *Cheltenham*
Forbes, Dr. C. F., *Argyll-street*
Forbes, Dr. John, *Chichester*
Formby, Dr. Richard, *Liverpool*
Fowler, Dr. Richard, *Salisbury*
Fox, Dr. Charles J., *Billiter-street, Leadenhall-street*
Fox, Dr. Edward Long, *Bristol*
Franck, Dr. J., *Hertford-street*
Frampton, Dr. A., *New Broad-st.*
Freckleton, Dr. Geo., *Manchester*
Freer, Dr. John, *Cheltenham*
Furnivall, Dr. John James
Gairdner, Dr. William, *Bolton-st.*
Gibbs, Dr. John, *Baker-street*
Gibbes, Sir G. Smith, Knt., M.D., *Bath*
Gibbes, Heneage, M.B., *Bath*
Glaspoole, Dr. F. B., *Ipswich*
Goldie, Dr. George, *York*
Golding, Dr. B., *St. Martin's-lane*
Gordon, Dr. J. A., *Finsbury-square*
Gordon, Dr. William
Gordon, Dr. Theodore, *Duchess-st. Portland-place*
Granger, Mr. Frederick, *Exeter*
Granville, Dr. A. Bozzi, *Grafton street, Berkeley-square*
Graves, Dr. Robert, *Bridport*
Gregory, Dr. George, *Weymouth-street*
Hall, Dr. George, *Brighton*
Hall, Dr. Marshall, *Manchester-sq.*
Hall, Dr. S., *Trinity-sq. Southwark*
Halliday, Sir A., Knt., *Demerara*
Hammick, Sir Stephen Love, Bart.
Hancock, Dr. Thomas, *Ireland*
Hannath, Dr. John
Hardy, Dr. Charles H., *Bath*
Hardy, Dr. Frederick, *Manchester*
Harrington, Dr. Henry, *Nice*
Harris, John, M.B., *Winchester*
Harrison, Dr. Edwin, *St. John's-wd.*
Hart, Dr. Henry, *York*
Haslam, Dr. John, *Hart-street, Bloomsbury*
Haviland, Dr. John, *Cambridge*
Hawkins, Dr. Bisset, *Golden-sq.*
Hawkins, Dr. Francis, REGISTRAR, *Curzon-street*
Heathcote, Dr. George Henry
Heberden, Dr. Thomas, *Jermyn-st.*
Heberden, Dr. William, *Pall Mall*
Henderson, Dr. Alexander, *Curzon-street*
Herdman, Dr. John
Hewett, Dr. Cornwallis, *Bolton-st.*
Heywood, Dr. W. C., *Blandford*
Hinds, Dr. John
Hodgkin, Dr. T., *Finsbury-circus*
Holland, Dr. C., *Queen-st. May-fair*
Holland, Dr. H., *Lower Brook-st.*
Holland, Dr. Samuel
Holroyd, Dr. A. T., *Harley-street*
Home, Dr. Francis
Hope, Dr. James, *Lower Seymour-street, Portman-square*
Hopkinson, Dr. W. L., *Stamford*
Hoskins, Dr. S. Elliot, *Guernsey*
Hue, Dr. Clement, *Guildford-st.*

Hughes, Dr. H.M., *Wellington-st., London-bridge*
Hull, Dr. John, *Manchester*
Hume, Dr. J. R., *Curzon-street*
Hume, Dr. Thomas, *South-street, Grosvenor-square*
Hunt, Dr. C. Ager, *Birmingham*
Hurlock, Dr. Joseph
Irving, Dr. Samuel, *Canterbury*
James, Dr. J. B., *Park-st. Westm.*
Jeaffreson, Henry, M.B., *Islington*
Jenks, Dr. G. Samuel, *Brighton*
Jersey, Dr. Peter Frederick de
Johnson, Dr. J., *Suffolk-pl., Pall Mall East*
Johnson, Dr. J. P., *Shrewsbury*
Johnstone, Dr. James, *Birmingham*
Johnstone, Dr. John, *Birmingham*
Johnstone, C. J., M.B., *Cambridge*
Jones, Dr. Edwin Godden
Jones, Dr. George H., *Portsmouth*
Jones, Dr. James Cove
Jones, Dr. Thomas
Jones, Dr. W. D., *Newcastle in Emlyn, Pembrokeshire*
Jones, Dr. T. W., *Earl-st., Blackfriars*
Keddle, Dr. S. Shering, *Bridport*
Kennedy, Dr. A. G., *Stafford*
Kenny, Dr. Matthias
Kentish, Dr. Richard
Kerrison, Dr. Rbt. Masters, *New Burlington-street*
Kettle, Dr. William, *Edinburgh*
Kidd, Dr. John, *Oxford*
King, Dr. William, *Brighton*
Kingston, Dr. P. N., *Mount-street, Grosvenor-square*
Laffan, Sir J. De Courcy, Bart.
Laird, Dr. James, *Bognor*
Lambe, Dr. William, *Elect, King's-road, Bedford-row*
Lambert, Dr. Edmund, *Bath*
Lampert, Dr. J. F., *Sweden*
Latham, Dr. John, *Bradwall Hall, Cheshire*
Latham, Dr. P. M., *Lower Grosvenor-street*
Leath, Dr. John Gogill
Le Fevere, Dr. G., *St. Petersburgh*
Le Mann, Dr. C. M., *Montague-square*
Le Mann, Dr. F., *Montague-sq.*
Lee, Dr. Henry, *Charlotte-street*
Lee, Dr. Robert, *Golden-square*
Leighton, Dr. F., *Argyll-street*
Leon, Dr. Hannanel de
Ley, Dr. Hugh, *Half Moon-street*
Lewis, Dr. David, *Ludlow*
Lidderdale, Dr. H., *Falcon-square*
Lilburn, Dr. G. S., *Duke-st., Portland-place*
Lilburn, Dr. James, *Bruton-st.*
Lister, Dr. N., *Lincoln's-inn-fields*
Littlehales, Dr. C., *Winchester*
Lloyd, Dr. Robert
Locock, Dr. C., *Hanover-square*
Luard, Dr. P. F., *Warwick*
Lush, Dr. Charles, *Bombay*
M'Arthur, Dr. Duncan, *Deal*
Macbraire, Dr. John
M'Cullock, Dr. John
Macleod, Dr. R., *Henrietta-street, Cavendish-square*
M'Donnell, Dr. J., *Buenos Ayres*
M'Dougle, Dr. J., *Maddox-street*
M'Grigor, Sir J., Bart., *Camden-Hill, Kensington*
M'Guffog, Dr. S., *Constantinople*
Mackenzie, Dr. Charles
Mackinnon, Dr. D., *Grosvenor-street*
Mackintosh, Dr. R. D., *Colchester*
Macmichael, Dr. W., *Half Moon-street*
M'Mullin, Dr. John, *Brighton*
Macreight, Dr. D. C., *Queen Anne-street, Cavendish-square*
M'Whirter, Dr. T., *Newcastle-upon-Tyne*
Magrath, Sir G., Knt., *Plymouth*
Mason, Dr. W., *Carnarvon*
Mathews, Dr. J. B., *Totnes*
May, Dr. William
Mayo, Dr. T., *Wimpole-street*
Meryon, Dr. Charles Lewis
Millar, Dr. S., *Guildford-street*
Miller, Dr. Patrick, *Exeter*

Milligan, Dr. William
Mitchell, Dr. J., *Buckingham-st., Fitzroy-square*
Monro, Dr. E. T., *Harley-street*
Moore, Dr. J., *Lincoln's-inn-fields*
Moore, Dr. Thomas
Morewood, Dr. George Alexander
Morgan, Knt., Sir T. C., *Dublin*
Morris, Dr. G. P., *Prince's-court, St. James's-park*
Morrison, Dr. A., *Cavendish-sq.*
Morton, Dr. E., *Eaton-street, Belgrave-square*
Mower, Dr. A., *St. James's-place*
Munro, Dr. William
Murray, Dr. John
Nairne, Robert, M.B., *Bury-street, St. James's*
Nayler, Dr. Charles
Nelson, Dr. T., *Wimpole-street*
Nevinson, Dr. C. D., *Montague-square*
Newman, Dr. J.
Nicholl, Dr. Whitlock, *Russell-sq.*
Northen, Dr. F. Hichen, *Newcastle, Staffordshire*
Ogle, Dr. J. Adey, *Oxford*
Oke, Dr. W. S., *Southampton*
O'Ryan, Dr. John, *Waterford*
Outram, Dr. B. F., *Hanover-sq.*
Page, W. E., M.B., *Little Cloisters, Dean's-yard*
Paget, George E., M.B.
Pardoe, George, M.B., *Russell-sq.*
Paris, Dr. J. Ayrton, *Dover-street*
Park, Dr. John Ranicar
Parry, Dr. Charles Henry, *Bath*
Peene, Dr. W. G., *Maidstone*
Pennell, Dr. R. Lewin, *Exeter*
Pett, Dr. Alfred, *Upper Clapton*
Philip, Dr. A. P. W., *Cavendish-square*
Phillips, Dr. Charles
Phillips, Dr. Philip Lovell, *Bath*
Pidduck, Dr. I., *Great Russell-st.,*
Pierce, Dr. B. C., *St. Helen's-place*
Pinckard, Dr. Richard, *Bloomsbury-square*
Plenderleath, Dr. D., *Ramsgate*
Powell, Henry, M.B., *Tonbridge Wells*
Price, Dr. Charles, *Brighton*
Prout, Dr. W., *Sackville-street*
Rainier, Dr. Peter, *Albany*
Ramadge, Dr. F. H., *Ely-place*
Ramsbotham, Dr. Francis Henry, *New Broad-street*
Reeder, Dr. Henry
Rees, Dr. George, *Clapham-rise*
Reynolds, T. F., M.B., *Wellington*
Richardson, Dr. R., *Bedford-sq.*
Ridgway, Dr. T. H., *Great Portland-street*
Rigby, Dr. E., *Parliament-street*
Riley, Dr. Henry, *Bristol*
Roberts, Dr. C. J., *Bridge-street, Blackfriars*
Roberts, Dr. Edward
Robinson, Dr. John, *Doncaster*
Robinson, Dr. R. R. W., *Manchester*
Roe, Dr. G. H., *Hanover-square*
Rogerson, Dr. J., *Moffat*
Roget, Dr. P. M., *Bernard-street*
Ronalds, Dr. Henry, *Kensington*
Roots, Dr. H. S., *Russell-square*
Roscoe, Dr. R., *Great Ormond-st.*
Roupell, Dr. Geo. L., *Welbeck-st.*
Rowland, Dr. R., *Fenchurch-street*
Rowley, Dr. R., *King William-st., London-bridge*
Rucco, Dr. Julius, *Arundel-street, Panton-square*
Russell, Sir W., Bart., *York-place, Portman-square*
Ryan, Dr. Michael, *Great Queen-st.*
Sainsbury, Dr. William, *Corsham*
Sanctis, de, Dr. Bartholomew
Sayer, Dr. A., *Upper Seymour-st., Portman-square*
Scott, Dr. James, *Haslar Hospital*
Scott, Dr. John, *Bedford-square*
Scudamore, Sir Charles, Knight, *Wimpole-street*
Scudamore, Dr. Edward
Severn, Dr. Charles
Seymour, Dr. Edw. James, *Charles-street, Berkeley-square*

Shaw, Dr. George, *Manchester*
Shearman, Dr. William, *Northampton-square*
Shiel, Dr. J. Barclay, *Ballyshannon*
Sigmond, Dr. George G., *Dover-st.*
Silver, Dr. William
Simmons, Dr. Richard
Sims, Dr. John, *Cavendish-square*
Skey, Dr. Joseph, *Quebec*
Smith, Dr. Richard P., *Reading*
Smith, Dr. T., *Bury St. Edmunds*
Smith, Dr. T. S., *New Broad-street*
Somerville, Dr. J. C., *Saville-row*
Somerville, Dr. W., *Royal Hospital, Chelsea*
Southey, Dr. Henry H., *Physician Ext. to the Queen, Harley-st.*
Speir, Dr. William
Spurgin, Dr. John, *Guildford-st.*
Steggall, Dr. John, *Bloomsbury-sq.*
Steward, Dr. John B., *Droitwich*
Stewart, Dr. Leonard, *Keppel-st.*
Stock, Dr. John Edmonds, *Bristol*
Stolterforth, Dr. Sigismund, *Dover*
Stroud, Dr. W., *Great Coram-st., Russell-square*
Sutherland, Dr. Alexander R., *Parliament-street*
Tattersall, Dr. James, *Ealing*
Terry, Dr. William, *Rugby*
Thomas, Dr. Charles, *Devonport*
Thomas, Dr. C. W., *Cheltenham*
Thomas, Dr. Edward, *Barbadoes*
Thomson, Dr. A. Todd, *Hinde-st., Manchester-square*
Thomson, Dr. John Garthshore
Thomson, Dr. John, *Hermitage-place, St. John-street-road*
Thomson, Dr. Seth, *Rome*
Thompson, Dr. T., *Keppell-street*
Thomson, Dr. T., *Tunbridge-wells*
Thornton, Dr. Robert J., *Howland-street, Fitzroy-square*
Tierney, Sir M. J., Bart., *Bruton-street*
Todd, R. B., M.B., *Parliament-street*
Todd, Dr. Tweedy J., *Brighton*
Tomkins, Dr. R. B., *Yeovil*
Towsey, Dr. Wm., *Lymington*
Turnbull, Dr. W., *Huddersfield*
Turner, Dr. T., TREASURER, *Curzon street*
Tweedie, Dr. Alexander, *Montague-place, Russell-square*
Uwins, Dr. David, *Bedford-row*
Vade, Dr. John Knox, *Great Russell-street, Bloomsbury*
Veitch, Dr. James, *Upper Cadogan-place, Sloane-street*
Venables, Robert, M.B., *Ely-place*
Warburton, Dr. John, *Clifford-st.*
Waring, Dr. R., *Chiselhurst*
Waterfield, Dr. T., *Charles-street, St James's-square*
Watson, Dr. Thomas, *Henrietta-street, Cavendish-square*
Webster, Dr. John, *Lower Grosvenor-street*
Weatherhead, Dr. George Hume, *Parliament-street*
Whiting, Dr. J., *High-st., Borough*
Whitsed, Dr., *Southampton-row*
Whitter, Dr. Tristram
Whymper, Sir W., Knt., *Weymouth-street*
Wightman, Dr. C., *Newcastle-on-Tyne*
Wightman, Dr. R., *Southampton*
Wilkinson, Dr. C., *Hoxton-square*
Willan, Leonard R., M.B., *Tavistock-place*
Willis, Dr. F., *Shillingthorpe*
Williams, Dr. Charles James Blasius, *Half Moon-street*
Williams, Dr. John
Williams, Dr. Robert, *Bedford-pl.*
Williams, Dr. Wm. H., *Ipswich*
Wilmot, Dr. John Bramston, *Tunbridge-wells*
Wilmot, Dr. William Byam, *Queen's place, Kennington*
Wilson, Dr. James A., *Curzon-st.*
Wilson, Dr. John, *Wimpole-st.*
Wilson, Dr. Thomas
Wilton, Dr. John, *Regent-square*

Wood, Dr. George Edward Wilmot, M.B., *Half Moon-street*
Wright, Dr. Warner, *Norwich*
Yeats, Dr. G. D., *Tunbridge Wells*
Yelloly, Dr. John, *Wootton Hall, Norfolk*
Yonge, Dr. James, *Plymouth.*

## LECTURES.

*The Lectures* are delivered in the Theatre at the College, on Wednesdays and Fridays, at four o'clock P.M., commencing in May. They are delivered in the following order:

The Gulstonian, three Lectures.
The Croonian, three Lectures.
The Lumleian, three Lectures.
On Materia Medica, six Lectures.

## EVENING MEETINGS.

*The Evening Meetings* (at which Medical Papers are read) are held on the last Monday of each Month, from January to June inclusive, at nine o'clock P.M.

## HARVEIAN ORATION.

*The Harveian Oration* is delivered in the Library of the College, on June 25th, at four o'clock, P.M.

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# ROYAL COLLEGE OF SURGEONS IN LONDON,

## LINCOLN'S-INN-FIELDS.

*Founded*, 32 *Henry VIII.—Chartered*, 1800.—*Rebuilt*, 1836.

### COUNCIL.

*President.* —*Sir Astley Paston Cooper, Bart., *Serjeant Surgeon to his Majesty, Conduit-street*
*Vice-Presidents.*—*Sir A. Carlisle, Knt., *Langham-place*
*H. L. Thomas, *Leicester-place*
*R. Keate, *Surgeon to the King, Albemarle-street*
*J. P. Vincent, *Lincoln's-inn-fields*
*G. J. Guthrie, *Berkeley-street*
*A. White, *Parliament-street*
*J. G. Andrews, *St. Helen's-place*
*S. Cooper, *Woburn-place, Russell-square*
T. Copeland, *Golden-square*
J. Howship, *Saville-row*
J. Briggs, *Edgeware-road*
W. Lawrence, *Whitehall-place*
*Sir Benjamin Collins Brodie, Bt., *Serjeant-Surgeon to his Majesty, Saville-row*
B. Travers, *Bruton-street*
H. Earle, *George-street, Hanover-square*
J. Swan, *Tavistock-square*
E. Stanley, *Lincoln's-inn-fields*
J. H. Green, *Hadley, Middlesex*
Th. Calloway, *Wellington-street, Southwark*
G. G. Babington, *Golden-square*
*Honorary Class of retired Members of the Council.*—T. Blizard, *Cumberland-terr., Regent's-pk.*

*⁎* The Members of the Council marked thus *, compose the Court of Examiners.

J. Gunning, *Paris*
J. A. Hawkins, *Great Marlborough-street*
W. Lynn, *Clapham*
Sir C. Bell, K.G.H., *Edinburgh*
*Professors of Anatomy and Surgery.*—E. Stanley, R. Owen
*Secretary.*—E. Belfour
*Librarian.*—R. Willis
*Conservators of the Museum.*—W. Clift, R. Owen
*Beadle and Mace-bearer.* — W. Stone.

The "*Transactions of the Royal College of Surgeons in London*" are published from time to time, under the auspices of this institution; and Catalogues of the Library may be purchased at the College, price 7*s*.

The Museum and Library are now re-opened, in the new and improved building erected by Mr. Barry. The Library of the College is well regulated; and better supplied with modern medical works than any other in London. The Librarian is an accomplished scholar, wishing to afford information; and the student has free access, on the same conditions as at the British Museum. The Museum is the Hunterian collection; for which 15,000*l*. were granted by Parliament in 1799; 27,500*l*. were afterwards voted for the erection of a suitable building. At present there are 8,087 preparations in spirit; and 7,697 dry preparations. They are arranged in a large and elegant room, with two galleries, and well lighted by windows extending round the entire circumference of the roof.

Courts of Examiners are appointed for the first Friday of every month: from July 1st, 1833, to July, 1834, however, fifty-three courts were held. The Fees paid directly to the members of the court, in 1833, amounted to 3050*l*.

In 1834, the receipts of the College were 12,254*l*. of which 10,135*l*. were paid by the fortunate candidates.

From Midsummer-day, 1835, to Midsummer-day, 1836, the receipts of the College, amounted to 11,979*l*. 12*s*.; of which 11,801*l*. were paid by the fortunate candidates; 9,737*l*. were paid to the examiners, and officers, or expended on the Museum and Library; 17,451*l*. were during this year sunk "on account of the new buildings." The permanent annual income of the College, derived from investments in Government Securities, amounts to 1,644*l*.

*Regulations of the Council respecting the Professional Education of Candidates for the Diploma.*

I. They will be required to bring proof:

1. Of being twenty-two years of age.

2. Of having been engaged five years in the acquirement of professional knowledge.

3. Of having studied Anatomy and Physiology, by attendance on Lectures and Demonstrations, and by dissections, during two anatomical seasons of seven months each.

4. Of having attended at least two courses of lectures on Surgery, delivered in two distinct periods or seasons, each course to comprise not less than Sixty Lectures.

5. Of having attended Lectures on the Practice of Physic, on Chemistry, and Midwifery, during six months; comprising not less than sixty Lectures respectively; and on Botany and Materia Medica during three months.

6. Of having attended during twelve months the surgical practice

of a recognised hospital in London, Dublin, Edinburgh, Glasgow, or Aberdeen; or for six months in any one of such hospitals, and twelve months in any recognised provincial hospital.

II. Members and Licentiates in Surgery of any legally constituted College of Surgeons in the United Kingdom, and graduates in Surgery of any University, will be admitted for examination.

All the required Certificates are to be delivered at the College ten days before the Candidate can be admitted for examination.

*Registration of Pupils.*—The first fifteen days in November, February, May, and August.

The Subject of the COLLEGIAL TRIENNIAL PRIZE is

"To determine the diameters, disposition, and modes of communication of the continuous capillary Arteries and Veins, both in the pulmonic and systemic Circulations; and also the disposition of the Vascular system in the Spleen, Corpus Cavernosum, and Corpus Spongiosum. The subject to be illustrated by injected and other Preparations of the human Capillaries, and those of inferior animals.

THE JACKSONIAN PRIZE Subject for the next year, 1837, is,

"An Inquiry into the Nature of the Processes of Suppuration and Ulceration,"

These Prizes are to be written for under the following conditions:—

Candidates to be members of the College, not of the Council.

The Dissertations to be in English, and to be distinguished by a motto or device, accompanied by a sealed paper, containing the name and residence of the Author, and having, on the outside, a motto or device corresponding with that on the Dissertation.

Dissertations for the Jacksonian Prize to be addressed to the Secretary, and delivered at the College before Christmas-day, 1837.

Dissertations for the Collegial Anatomical Prize to be also addressed to the Secretary, and delivered at the College before Christmas-day 1836.

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## COLLEGE OF SURGEONS.

Gentlemen who have passed Examination, Sept. 1835 to Sept. 1836.

⁂ See also page 58.

Plummer, J., *Cirencester*
Golding, E., *Dublin*
Gavin, W. A., *Aberdeenshire*
Williamson, J.,
Salmon, T., *Barnstaple*
Potter, F. D., *Chipping Ongar*
Goldstone, R., *Bath*
Donald, J. A.

*Oct.*, 1835.—Philbott, A., *Hookey Wells*
Ratcliffe, S., *Leeds*
Scott, E., *Wallington, Oxon*
Barnett, A., *Commercial Road*
Newman, G., *Glastonbury*
Lees, S., *Ashton-under-Line*
Wilson, G. J. M., *Greenhithe*
Paterson, J., *Aberdeen*
Upton, C., *Chapel-st., Grosv.-pl.*

Cuming, E. S., *London*
Giles, H., *Margate*
Dutton, D., *Upper York-street*
Bore, G. W., *Isle of Wight*
De Morgan, C. G., *Up. Gower-st.*
Eales, W. P. H., *Kingsbridge, Devonshire*
Brydges, B. K., *London*
Brebner, A., *Jamaica*
Cooper, G., *London*
Rose, W., *Wickham, Bucks*
Tallon, J., *Dundalk*
Carruthers, C., *Holbeach*
Lindo, Z., *Bishopsgate-street*
Sheriff, J. H., *Deptford*
Draper, C., *Kenilworth*
Protheroe, D., *Llandiloes*
Gilbert, J., *Norfolk-street, Middlesex Hospital*
Hardy, S. W., *Cork*
Scott, D., *Dundalk*
Seward, N., *Limerick*
Hunter, C. W. F,, *Kinsale, Cork*
Chippendale, J., *London*
Carpenter, W. B., *Bristol*
Poole, W. C., *Youghall, Cork*
Swan, J., *Castle Dunow, Kilkenny*
Scott, A., *Canada*
Durham, A., *E. I.*
Tice, J. C.
Friend, J., *Rainham, Kent*
Pascoe, W. P., *Penzance*
Walton, H. C., *Dunrap, Dublin*

*November*, 1835.—Callon, W. T., *St. Helen's, Lancashire*
Croft, C. J., *Arthur-st., City*
Chapman, J. S., *Appleby*
Marsh, H. *A.*, Skene, A., *A*
Rowles G., *Dublin*
Jones, E., *Knaston, Hereford*
Webb, J. R., *Coltis Hall, Norfolk*
Eames, J. B., *Castle Martyn. Cork*
Firth, T., *Liverpool*
Tallent, J. T.
Bridge, A., *London*
Chalmers, T., *Liverpool*
Lavery, T., *Manchester*
Burlton, T., *Leominster*
Place, G. A., *Wimborne*
Dumville, A. W., *Manchester*
Monk, W. P., *Guernsey*
Smith, W. H., *Kennington*
Morgan, W. W., *Pentraback, Glamorganshire*
Fitzgerald, J. F., *Dublin*

*December*, 1835.—Harrison, G., *Gt. Marlborough-street*
Morrison, A. C., *London*
Wall, J. R., *Ross, Herefordshire*
Purton, A., *Alcester, Warwicksh.*
Vaux, G., *Birmingham*
Lawrence, J., *Brighton*
Bell, H., *Cockermouth*
Cox, W. A., *Bath*
Parkinson, J. K., *Hoxton-square*
Parson, S. K., *Campsey Ash, Salop*
Higgins, R. G., *Newport, Salop*
Weekes, H., *Chatham*
Maginnis, R. T., *E. I.*
Stokes, C., *London*
Watson, J., *Sheffield*
Whitehead, J., *Westwood, Oldham*
Berry, J., *London*
Jones, R., *Suffolk*
Staples, E. J., *Bristol*
Potter, J. W., *Ongar*
Montgomery, R., *Brentford*
Leigh, P., *St. Cross, Hants*
Staig, G. C. A., *A.*
Fitzgerald, L. D., *Ballinarobe, Mayo*
Stillwell, A., *Uxbridge*
Bowes, J., *Richmond, Yorkshire*
Clifton, A. C., *Islington*
Leese, R. V., *South-st., Finsbury*
Clarke, W., *Devizes*
Jones, G. J., *London*
Cooper, C., *Killala, Mayo*
Pearce, J. W., *Cambridge*

*January*, 1836.—Dixon, J., *London*
Pyle, J., *Nether Wallop, Hants*
Weston, H., *London*
Crawford. S., *E. I.*
Cutfield, A. B., *Deal*
Baines, P. O. E., *E. I.*
Gall, A. C., *Woodbridge, Suffolk*
Toynbee, G., *Eckington, Lincoln*

Campbell, T. C., *Burton Crescent*
Norris, R. W., *Liverpool*
Mules, C. H. M., *Ilminster, Somerset*
Dalby, W. T., *London*
Edwards, R. C., *Lyme Regis*
Sheldon, W., *Sweeting, Bridport*
Clark, C., *Saintfield, Devon*
Jenkins, W., *Penzance*

*February*, 1836.—Sall, W., *A.*
Allanson, J.
Hopper, G., *Scarborough*
Wade, E., *Bristol*
Hill, S., *St. Thomas's-st., Sthwk.*
Turner, W., *Newcastle-upon-Tyne*
Fraser, G. R., *Dublin*
Paxon, G. K., *Hampstead*
Jopp, J., *Aberdeen*
Allanson, J.
List, G. B., *Fishbourne, Isle of W.*
Firth, G. W. W., *Norwich*
Welby, H., *Farnden, Notts*
Vaughan, J., *Astboy, Co. of Meath*
Parsons, J., *Gouhurst, Somerset*
Gream, G. T., *London*

*March*, 1836.—Dakyn, T., *A.*
Gahan, R. B., *A.*
Eykyn, E. H., *Ackleton, Salop.*
Bentley, T., *Roundwood, Wicklow*
Hawkesworth, C. A., *Staffordsh.*
Blair, C. E., *Portuguese Service*
Griffin, J. S., *York-rd., Lambeth*
Seagram, W. L., *Warminster*
Hayward, R., *R. N.*
Bryan, E. L., *Stowmarket*
Packman, J. D. V., *Puckeridge*
Du Heaume, W., *Jersey*
Jones, W., *Birmingham*
Garrett, W. W. G., *Newington Butts*
Burrows, J. C., *Brighton*
Gorham, J., *Tonbridge*
Turner, W. H., *Bermondsey*
Kerby, W. S.
Knevett, C., *Isleworth*
Davey, J. G., *Portsmouth*
Shea, H. D., *R. N.*
Moore, W.
Webber, C. S., *Manchester-square*
Ashmall, T., *Wolverhampton*
Landor, W., *Liverpool*
Harding, W. S., *St. John's, N. Brunswick*
Gossling, G. J., *Macclesfield*

*April*, 1836.—Davies, T., *Hookwood, Surrey*
Jervis, T., *Duke-st. Manchester-sq.*
Swan, J. W., *Carnew, County of Wicklow*
King, E., *Bath*
Tibson, A., *London*
Mead, R. H., *London*
Mayor, E. S., *Bristol*
Faircloth, J. M. C., *St. Albans*
Charles, T., *North Wales*
Langworthy, R., *London*
Isbell, R. M., *R. N.*
White, J. L.
Hunter, J., *Dublin*
Chesman, T., *Sheffield*
Norton, R., *Nailsworth*
Orr, O., *Armagh, Tyrone*
Smith, T., *Cheltenham*
Jackson, J., *Long Clawson, Leicestershire*
Cooper, A., *Whetstone, Leicestersh.*
Eveleigh, G., *New Kent Road*
Back, G., *London*
Bond, J., *Birmingham*
Bird, R., *West Stockwith, Notts*
Lascelles, R. M., *Stillington, Yorkshire*
Welch, J., *Holbeach, Lincolnshire*
Dangerfield, G. N., *Churcham, Gloucestershire*
Clifton, T. G., *Worcester*
Ralph, T. S., *London*
Jeffreys, S. R., *Worcester*
Steel, C. D., *Scilly Islands*
Cowherd, J., *Kendal*
Truran, T., *Exeter*
Dickinson, T., *Thunderbridge, Yorkshire*
Jackson, W. K., *Barbotthall, Yorkshire*
Ayres, P. B., *Thame, Oxon*
Vorley, E., *Calton, Beds*
Smith, H. R., *Newcastle, Notts*

Stocks, T., *Burgh, Lincolnshire*
Thompson, J., *Dalton, near Richmond, Yorkshire*
Taylor, A. J., *Morpeth, Northumberland*
Burton, H. R., *Market Harboro'*
Quick, J. R., *St. Mawes, Cornwall*
Trevan, H., *Port Isaac*
Parkin, J., *Workington*
Meadows, G. F., *Ipswich*
Heald, F., *Wakefield*
Davy, W. S., *Manilla*
Clarke, T., *Brighton*
Tetlow, H. T., *Liverpool*
Rowan, J., *Belfast*
Evett, J., *Wellington*
Hutchinson, J., *Newcastle-upon-Tyne*
Finch, F. C., *Greenwich*
Baron, E. G., *Hull*
O'Neale, J.H., *A.*
Elliston, W., *Ipswich*

*May*, 1836.—Carter, G. R., *London*
Boyrenson, T. A., *London*
Hayton, T. B., *Owlet Ash, Milnthorp*
Johnson, A. S., *Middlesex-place, New-road*
Nowse, A. H., *Birmingham*
Cullen, W. H., *Camberwell*
Moorhouse, M., *Hulm Frith*
Hunt, R., *Hull*
Grimsbury, R., *Banbury, Oxon*
Foot, E., *Salisbury*
Ridgell, G., *Wellington*
Clack, W. J., *Skipton Bridge, Yorkshire*
Turner, J. S., *Gladthorpe, Notts*
Fothergill, R., *Bedale, Yorkshire*
Sargeant, S. P., *London*
Brattle, W., *Ryash, Kent*
Alderson, R. R., *Everingham, Yorksh*
Loney, W.
Ferguson, H. S., *A.*
Walker, H. E., *Loughlann, Mayo*
Stack, W. B., *Demerara*
Staddon, J., *Surrey Dispensary*
Thomas, B., *Narbeth*
Green, H., *St. Pancras*
Johnson, H., *St. Helens, Lancash.*
Gordon, A., *Ballymena*
Courtney, T., *Ballymena*
Mulligan, T., *Banbridge, Ireland*
Allatt, R., *Bretton, Yorkshire*
Blackall, J. S., *Dublin*
Holgate, H.
Loch, W. J., *E. I.*
Hallam, W., *Newcastle, Staffordsh*
Orton, C., *Derbyshire*
Coates, N., *Ilfracombe*
Copland, O., *Chelmsford*
M'Donnell, J., *Newton Steward, Tyrone*
Fry, A., *Desford, Leicester*
Roper, G. S., *Mapelcombe, Dorset*
Harrison, J., *Stockport*
Garrett, R., *Montreal*
Johnson, J. S., *Peterborough*
Lewis, T., *St. Albans*
Paget, J., *Yarmouth*
Wallis, P., *Ballina, Co. of Limerick*
Mayberry, G. M., *Kenmare*
Marsden, W., *Thornhill, Yorksh.*
Smith, J.
Plant, F.
Taylor, E., *Purbrook, Hants*
Hollingsmill, J. W. *Halifax, York.*
Hanham, F., *Bath*
Crump, G., *London*
Monsarratt, T. B., *Dublin*
Hogg, J. R., *Brighton*
Neales, J., *Sandwich*
Irving, R. F., *Liverpool*
Taylor, W. G., *Bolton-row*
Browne, T., *Saffron Walden*
Franklin, A., *Wincanton*
Troutbeck, T., *Congleton*
Nelson, G., *Wigton, Cumberland*
Tucker, E. E., *Exeter*
Thorpe, E. H., *Dublin*
Malcolm, J., *Houghton-le-Skerne*
Watling, J. W. H., *Bethnal-green*
Greggs, J. G., *Buttevant, Cork*
Suffield, W., *Abbeyliex, Queen's County*
Bratton, J., *Shrewsbury*
Hogg, C., *London*

Hammond, J., *Wallington, Suffolk*
Kevern, C. T. S., *Devonport*
Wilding, J. P., *Wallybourne, Salop*
Hamilton, A., *Ampthill*
O'Gorman, A., *Ennis, County Clare*
Smith, T. M'Kensie, *Bideford*
Burt, H., *Petworth*
Gray, T., *Gosport*
Pearse, W. D., *Launceston*
Paull, A., *Camborne*
Martin, L., *Dundalk*
Churchill, A. H., *Oswestry*
Pettygrew, T., *County Kerry*
Macready, G. W., *Bristol*

*June*, 1836.—Wood, J.Y., *Glocester*
Richards, T. A., *Epsom*
Morris, J. M., *Burslem*
Paine W., *Dublin*
Kenney, J., *Ireland*
Holmes, T., *Dunmanway, Cork*
Miller, J. W., *Cork*
Warren, H., *London*
Clinton, H., *Croydon*
Capes, G. A. H., *Castle Hedingham*
Payne, T. H., *Frome*
Collumbell, C., *New Kent Road*
Churchill, H., *Doddington, Oxon*
Prosser, H. F., *Gloucester*
Hamilton, R., *Clonakilty, Cork*
Cowdry, T., *Bath*
French, H., *Bungay*
Browne, S., *Dublin*
Walker, R., *Cupar, Fifeshire*
Penrudduck, C. W. W. *Christchurch, Hants*
Barton, M. S., *Market Raisen*
Swallow, W. H., *Halifax, Yorksh.*
Metcalfe, J. T., *Marsham, Yorksh.*
Henry, R., *Dublin*
Rose, C. B., *Swaffham*
Anderson, J., *Cruden, Aberdeensh.*
Stow, E. W., *Carlow*
Blenkinsop, H., *Warwick*
Welsby, J., *Prescott*
Thompson, T. R. H., *I. of Man*
Barron, L., *Co. of Waterford*
Dunn, J., *E. I.*
Blyth, R., *Colchester*
Hilton, J., *Charterhouse-square*
Higgins, J. R., *London*
Moorhead, W., *R. N.*
Soden, J., *Bath*
Turner, G., *Yarmouth*
Wilson, H., *Runcorn, Cheshire*
Ball, G., *Worcester*
Jenkins, T. G., *Monastereven*
Keate, H., *Shrewsbury*
Griffith, T., *London*
Bierley, I., *Liverpool*
Silvester, C. R., *North Brixton*
Ponten, W. E., *Ludgate-hill*
Treacher, J. G., *Swansea*
Moore, W. L. O., *Madras*
Studd, C., *London*
Cowper, G. A., *E. I.*
Thomas, J., *Newcastle, Emlyn*
Niell, J., *Castle-st., Falcon-sq.*
Grover, M., *London*
Steel, J., *Shipley, Yorkshire*
Atcherley, R., *E. I.*
Rowland, W., *Oxford-terrace, Edgware-road*
M'Quaid, W., *Lisdau, Co. of Cavan*
Thatcher, C., *Bombay*
Barrow, B., *Bath*
Bell, R. J., *Hull*
Walter, F., *Worcester*
Barnes, I., *Murcott*
Owen, John
Barnes, G. F., *New York*
Coles, A., *Woodstock*
Leete, E. S., *Thrapstone*
White, W., *London*

*July* 1836.—Weekes, H., *Barnstaple*
Gilbert, C. H., *Blofield, Norfolk*
Stevens, C., *Oxford*
Grant, C. L., *Grantown*
Jones, T., *Cwm-Neatt, Glamorganshire*
Taylor, H. H., *Seaton Sluice, Northumberland*
Seale, J. D., *Cardiff*
Dixon, W., *Sunderland*
Potts, J., *Sunderland*
Maclear, J., *Mayle, Ireland*
Goodison, S., *Wexford*

M'Calman, L., *Galway*
Murton, D. F., *Rotherhithe*
Askwith, J. H.
Walker, W., *Charterhouse-square*
Squire, M., *Gt. Yarmouth*
Power, J., *Innistiogue, Kilkenny*
Dodsworth, B.
Walwyn, J. H., *St. Kitts, W. I.*
Pearce, F., *Camelford*
Hewett, P. G., *London*
Dennis, A. V., *Wells, Norfolk*
Croizer, G., *Albany-st., Regent's-Park*
Theed, F., *Peterborough*
Broadbent, E. F., *Lincoln*
Booth, R., *Aurington, Lancashire*
Elkins, E., *Bayswater*
Marshall, J., *Greek-st., Soho*
Hobbes, J.L., *Stratford-on-Avon*
Hood, T., *London*
Cooke, J. M., *Dublin*
Vining, C., *Reading*
Rolland, J., *London*
Atkins, A. T. B., *Winchester*
Vaux, J., *Macclesfield*
Parkes, W. B., *London*
Mahaffy, J., *East Indies*
Crang, F., *Tonisbury, Somerset*
Kimmell, J., *Leamington*
Jeans, J. W., *Grantham*
Lewes, W.H., *Cork*
Garthside, J., *Liverpool*
Lewis, F.O.B., *Newcastle, Emlyn*
Carr, J., *Dublin*
Dolman, J.T., *Cork*
Ormeton, H. B., & Co., *Cork*

*August*, 1836.—Paynter, J., *Pembroke*
Robinson, J.A., *Dundrum*
Sinclair, J., *A. Ireland*
Edsall, R. S., *Exeter*
E. Jones, *Newcastle, Emlyn*
R. Callom, *Tanhouse-Water, Enniskillen*
Best, W. J., *Thetford, Norfolk*
Jackson, T. R., *Congleton*
Bayley, E., *Shrewsbury*
Bage, R., *Shrewsbury*
Stone, R. N., *Bath*
Harvey, A. A. C., *Bath*
Selby, W., *Lyon's Inn*
Rooney, R., *Enniskillen*
Rudderforth, E. H., *London*
Firth, J., *Congleton*
Beveridge, J. E., *Wandsworth*
Field, O. A., *Bromley, Kent*
Walworth, C., *Congleton*
Freeman, J. H., *Mile-end*
Shaw, J. B., *London*
Stafford, W., *Calcutta*
Roderick, T. J., *London*
Acton, J., *Bromley, Kent*
Horseman, E., *Middle Salop*
Stuart, W., *Woolwich*
Dixon, F. B., *Norwich*
Meymott, C., *London*
Moody, T. N., *Woolwich*
Mackay, H., *A.*
Dowlin, W. J. J., *Cork*
Hyness, P., *Burrin Clarke*
Brown, W. H., *Lewisham*
Gray, F. R., *Cawston, Norfolk*
Parsons, J. D. F., *Bristol*
Cumming, B. V., *Dublin*
Allen, E. T., *Manchester*
Merriman, C. A., *Marlbro'*
Godwin, C. *Cork*
Kirshaw, J. G., *Huddersfield*
Tweedy, H., *Dublin*
Ridge, B., *Terrace, Putney*
Naylor, J., *Preston*
Stewart, G. A., *Montague-pla Hammersmith*
Hobart, R., *Cork*
Porter, R.L., *South Australia*
Michael, L.F., *Stamford*
Hart, J., *Westbourne-place, Eaton-square*
O'Conner, N., *Cork*

*Sept*, 1836.—Martyr, T. W. L., *London*
Surrage, J., *Wincanton*

Result of the Examination by the London Medical Boards, deduced from the Parliamentary Report on Medical Education.

## APOTHECARIES' HALL.

*Table showing the number of Students examined by the Court of Examiners, Apothecaries' Hall, the number rejected, and the number passed, during* 19 *years.*

| | CANDIDATES. | | | | |
|---|---|---|---|---|---|
| | Examined. | Rejected. | Rejected, out of 100 examined. | Passed. | Passed Yearly. |
| 5 years, 1815-19 | 1143 | 72 | 6.3 | 1071 | 214 |
| 5 years, 1820-24 | 1811 | 111 | 6.1 | 1700 | 340 |
| 5 years, 1825-29 | 2353 | 311 | 13.2 | 2042 | 408 |
| 4 years, 1830-34 | 1721 | 301 | 17.5 | 1420 | 355 |
| | 7028 | 795 | 11.3 | 6233 | 328 |
| 3 years, 1831-3 Students from Edinburgh, Glasgow, and Aberdeen. | 98 | 29 | 29.6 | 69 | 23 |
| Students from other Schools. | 1018 | 150 | 14.7 | 868 | 289 |

## COLLEGE OF SURGEONS.

*The Candidates examined, rejected, and passed in* 12 *years.*

| | Examined. | Rejected. | Rejected, out of 100 examined. | Passed. | Passed Yearly. |
|---|---|---|---|---|---|
| 5 years, 1823-27 | 1874 | 141 | 7.5 | 1733 | 347 |
| 5 years, 1828-32 | 2258 | 141 | 6.2 | 2117 | 423 |
| 1 year, 1833 | 489 | 34 | 6.9 | 455 | 455 |
| 1 year, 1834 | 501 | 60 | 12.0 | 441 | 441 |
| | 5122 | 376 | 7.3 | 4746 | 395 |

*Comparison of the number of Candidates examined and rejected at the College of Physicians, (Licentiates,) the College of Surgeons, and the Apothecaries' Company, during* 11 *years*—1823-33.

| | Examined. | Re-jected. | Rejected, out of 100 examined. | Fees paid by the approved Candidate. | Passed Yearly. |
|---|---|---|---|---|---|
| | | | | £ s. | |
| College of Physicians.. | 133 | 7 | 5.3 | 56 17 | 12 |
| College of Surgeons... | 4621 | 316 | 6.9 | 22 0 | 391 |
| Apothecaries' Company | 4843 | 666 | 13.8 | 6 or 10gs. | 380 |

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The proportion of candidates rejected at an examination depends, (1) on the Examiners, and, (2) on the examined; on the standard of acquirement set up, and on the amount of information possessed by the Student. When the preparation of the Candidates is the same, the proportion rejected will be an exact measure of the rigour with which the examination is conducted; if the standard of acquirement remain uniform, the proportion of rejections will indicate the relative qualifications of the Students.

The first duty of a public Board of Examiners is, to determine the quantity and quality of knowledge which shall be considered the standard; the second is to make that standard publicly known; the third to apply it with rigorous uniformity.

*The Standard should be uniform.* (1) Where this is the case the proportion of Students rejected will necessarily fluctuate; sometimes 4 in 10, sometimes not one, will be sent back; but this fluctuation will disappear when the average of a larger number is taken. (2) Where the standard of examination is not uniform, great injustice will be done: if candidates from one place, or in one year, possessing the same average acquirements as the other candidates, are sent back in double the usual proportion, half the number rejected are subjected to unnecessary expense and dishonour; while those who pass stand higher than the class among which they rank. The London College of Surgeons had been in the habit of using a very low standard; up to 1833, they only rejected 7 per cent.; when, in 1834, 12 per cent. were suddenly and without any notice rejected. In 1834, out of 501 examined, 60 were rejected; the year before 25 of the 60 would have received the College Diploma. The Society of Apothecaries in one year (Aug., 1830-1) rejected 104 out of 465 candidates examined—22 per cent.; in the previous and following year they only sent back 16 per cent.; again, in the three years 1831, 1832, 1833, the Court of Examiners of the Apothecaries' Company rejected 29 out of 98 candidates—30 per cent.,—who had studied in Edinburgh, Glasgow, and Aberdeen, and many of them Graduates of Scotch Colleges; while out of 1018 from other schools only 15 per cent. were rejected. It cannot for a moment be supposed that the acquirements of the candidates differed in the proportion of 15 and 30 per cent.

*The real quantity and quality of information demanded by a Court of Examiners should be determined and made as public as possible.* (1) This will enable the Student to prepare for examination; and, if the standard be sufficiently high, will stimulate his exertions. It is understood, at present, that the examination at the College of Surgeons turns exclusively on *Anatomy* and *Surgery*, and, moreover, that it is comparatively *easy:* if the College examination embraced the Sciences, and Medicine in its most comprehensive sense, after proper notice, the proportion of candidates sent back would perhaps not be greater than at present, because their acquirements would approach as near to the new as they now approach to the old standard. (2) If the actual standard of examination were generally known, the public could form a just estimate of the value of the respective Diplomas. For example, if of 100 persons examined by the College of Physicians, 5 only were rejected, while 30 were rejected at the Apothecaries' Hall of the same class of persons, and on the same grounds, namely, imperfect acquaintance with Medical Science, it would follow that the standard of examination for general practitioners is 6 times as high as it formerly was for Physicians. But for various reasons the examinations cannot be compared accurately; and the Apothecaries, in the present example, were prejudiced against the Scotch graduates; yet the tabular results show that great confusion has reigned in the Medical examinations.

This confusion can be cleared up, the standard of acquirement be made publicly known, and a just uniformity of application be ensured, only by *public examinations*, by conducting or taking down the final examination in writing, and making the decision of the court, in some cases, subject to revision. The weekly examinations at the medical schools prepare the Student to express himself in the presence of others; his friends would accompany him to the Court; few others would be present: idleness and dissipation would be made to blush, while industry and talent would be crowned with public applause. Should genius shrink before a public exhibition, it would be encouraged by discriminating examiners; and if not recognised could afterwards lean on that secret sense of power which never deserts the higher orders of mind.

Much depends on the manner in which the courts of Examiners are elected, whether they be self-elected, elected by a minister unacquainted with the particular qualifications required, or elected by the whole profession and approved by the government in behalf of the public; but this is a thorny subject on which we shall not enter.

# SOCIETY OF APOTHECARIES OF LONDON,

*Union-street, Blackfriars.—Chartered*, 1616.

[The Apothecaries' Act came into force in 1815.]

*Master.*—J. Hingeston, Esq., *Camberwell*

*Wardens and Directors of the Society's Trade.*—G. Johnson, Esq. *Gearies, Ilford, Essex;* W. Malin, Esq., *Lincoln's-inn-fields*

*Treasurer.*—H. Field, *Woodford*

*Deputy-Treasurer.*—H. Robinson, *Coopers'-row, Crutched-friars*

*Court of Assistants.*—W. Simons, *Sydenham*
M. Partington, *Orchard-street*
T. Wheeler, *Southampton*
*J. Hurlock, *Hunter-street*
*W. R. Macdonald, *Doughty-st.*
*J. Hill, *Gloucester-st., Queen-sq.*
*J. Nussey, *Cleveland-row*
W. King, *Conduit-st., Hanover-sq.*
*E. A. Brande, *Eaton-square*
*J. Higham, *Davies-street, Berkeley-square*
*J. Seaton, *Bridge-st. Westminster*
*D. Clapton, *Pratt-street, Camden-town*
*A. Williams, *St. Thomas's-street*
*J. Merriman, *Kensington*
*J. W. Robins, *Mortimer-terrace, Kentish-town*
C. E. Clarke, *L. Grosvenor-place*
*H. Blatch, *Up. Charlotte-street, Fitzroy-square*
W. Bagster, *Compton-st. Regent's-square*

Those Members marked thus, * are also *Directors of the Society's Trade*, with the following, viz.,

J. Bacot, W. Hawker, W. Drew, T. Hardy. W. Robinson, J. Ridout, J. A. Shuter, E. Bean, J. Mordaunt, R. Burn, J. Watson, T. Davis, M. L. Este.

## COURT OF EXAMINERS.

*Chairman.*—J. Bacot.

S. Merriman, F.L.S., T. Hardy, J. Ridout, F. L. S. & G. S., H. C. Field, M. L. Este, T. L. Wheeler, H. Combe, J. Hunter, J. B. Hill, E. Tegart, A. M. Randall.

*Secretary to the Court of Examiners.*—Robert B. Upton.

## THE BOTANIC GARDEN.

*Professor of Botany.*—J. Lindley.
*Principal Gardener*—W. Anderson.
*Clerk to the Society.*—R.B.Upton.
*Superintending Chemical Operator and Professor of Chemistry and Materia Medica.*—W.T. Brande.
*Chemical Operator.*—H. Hennell,
*Accompts.*—J. Thomas; T. Tingle.

Also 126 Liverymen and 400 Yeomen.

Every candidate for a Certificate to practice as an Apothecary, must produce testimonials of having served an apprenticeship of not less than five years to an Apothecary: of having attained the age of twenty-one: and of good moral conduct.

Students whose attendance on lectures commenced on or after the 1st of Oct. 1835, are required to produce proof of having attended, during three Winter and Two Summer Sessions, lectures in the following order, and Medical Practice from the commencement of the second, to the termination of the third Winter Session.

Gentlemen whose indentures of apprenticeship bear date prior to Oct. 1st, 1835, and who can adduce satisfactory proof that they have not been permitted to commence attendance upon the Medical classes during their apprenticeship, will be allowed to complete their studies in conformity with the Regulations of Jan. 1831.

The Winter Medical Session commences Oct. 1st, and terminates in the middle of April, with a recess of fourteen days at Christmas: the Summer Session commences May the 1st, and ends July 31st.

*First Winter Session.* — Chemistry; Anatomy and Physiology; Anatomical Demonstrations; Materia Medica and Therapeutics.

*First Summer Session.*—Botany; and such other branches of study as may improve the student's general education.

*Second Winter Session.*—Anatomy and Physiology; Anatomical Demonstrations; Dissections; Principles and Practice of Medicine; Medical Practice of an Hospital.

*Third Winter Session.*—Dissections; Principles and Practice of Medicine; Medical Practice of an Hospital or Dispensary.

### MIDWIFERY.

The Student is required to attend, in separate Sessions, Two Courses of Lectures on Midwifery and Diseases of Women and Children, each Course to consist of Sixty Lectures, including Examinations; these Lectures may be attended *at any time* subsequent to the termination of the First Summer Session; Practical Midwifery is also required, and may be attended *at any period* subsequent to the termination of the Second Winter Session.

The Student is required to attend the Medical Practice of a recognised Hospital, from the commencement of the Second Winter to the termination of the Second Summer Session; and from that time to the end of the Third Winter Session, the medical practice of an Hospital, or recognised Dispensary.

Students, when they present themselves for examination, must bring testimonials of having received instruction in Practical Chemistry during their attendance upon the Lectures on Chemistry, Materia Medica, or Forensic Medicine: and also of having attended a full course of Clinical Lectures, and such instruction in Morbid Anatomy as may be afforded them during their attendance at an Hospital.

Every Student will be required to bring a testimonial of having dissected the whole of the body once at least.

## HOSPITALS AS SCHOOLS OF PRACTICAL MEDICINE.

No Hospital (not already recognised) will in future be placed upon the list of recognised schools of Practical Medicine, unless it is situated in London, or in one of the provincial cities or towns in which Schools of Medicine are established, and the Physicians attached to it give a full course of instruction in Clinical Medicine and Morbid Anatomy.

## DISPENSARIES AS SCHOOLS OF PRACTICAL MEDICINE.

The Court will recognise, as Schools of Practical Medicine, such Dispensaries as shall give satisfactory evidence on the following points, viz.

That the Dispensary is situated in some city or town in which there is a Medical School recognised by the Court:

That the rules for the government of the Dispensary permit the attendance of Students, and that the Physicians afford them instruction and opportunities of acquiring practical knowledge in Medicine:

That the Dispensary (if within the limits of the jurisdiction of the Royal College of Physicians of London) is under the medical care of at least two Physicians, each of whom is a Fellow, Candidate, or Licentiate of the Royal College; and if beyond these limits, that it is under the care of at least two Physicians, who, if not so qualified, are graduated Doctors of Medicine of a British University, of four years' standing:

And that the Apothecary of the Dispensary is *legally* qualified, either by having been in practice prior to, or on the 1st of August, 1815, or by having received a Certificate of Qualification from the Court of Examiners.

## REGISTRATION.

A book is kept at the Hall of the Society, for the Registration, at stated times, of the names of Students, and of the Lectures, Hospitals, and Dispensaries they attend.

The book will be open for the registration of Tickets authorizing the attendance of Students on Lectures and Medical Practice during the *first Twenty-one days* of October, and *first fourteen days* of May, from Ten o'clock until One: and for the registration of Certificates of having *duly attended* such Lectures or Medical Practice during the *last fourteen days* of April, and the *first fourteen days* of August.

The Court also require Students at the Provincial Medical Schools to register their names in their own hand-writing, in the order above stated, with the Registrar of each respective school; and the Registrars are requested to furnish the Court of Examiners with a copy of each registration *immediately* after its termination, as those Students only will be admitted to examination, whose registrations have been *duly* communicated to the Court.

*Names of Gentlemen having the care of the Registers.*

*Bath.*—R. T. Gore; J. Spencer; Lecturers on Anatomy.

*Birmingham.*—W. S. Cox, Lecturer on Anatomy.

*Bristol.*—Dr. Wallis; H. Clark; Lecturers on Anatomy.

*Hull.*—E. Wallis; R. Craven; Lecturers on Anatomy.

*Leeds.*—T. P. Teale, Lecturer on Anatomy.

*Liverpool.*—Dr. Philp, Lecturer on the Practice of Medicine.

*Manchester.*—J. Jordan; Thos. Turner; T. Fawdington, Lecturers on Anatomy.

*Sheffield.*—W. Overend; W. Jackson, Lecturers on Anatomy.

*York.*—J. Hopps, Lecturer on Anatomy.

*Newcastle.*—W. Morrison, Lecturer on Anatomy.

Each Student at his first registration will receive the printed form on which he is to obtain the certificates of his Teachers.

Pupils registered October, 1835:—

| | |
|---|---|
| In the Provincial Schools.. | 322 |
| In London.............. | 640 |
| | 9 2 |

## PRELIMINARY EXAMINATION.

Students may undergo their Latin Examination subsequently to their first registration. It consists in translating passages from the four first books of Celsus; and the first twenty chapters of Gregory's Conspectus Medicinæ.

## APOTHECARIES' HALL.

Gentlemen to whom the Court of Examiners granted Certificates, Oct. 3, 1835, to Sept. 29, 1836.

*** Those with a *, have also passed their examination at the College of Surgeons, and obtained diplomas during the same period.

—

*Oct.* 3 *and* 8.—Moyle, J., *Cornwall*
Ellison, W., *Liverpool*
Thompson, C.T., *Brightwell, Berks*
Andrews, M. F. L., *London*
Woodbridge, H., *Winchester*
*Underhill, W. L., *Tipton*
Arnold, C., *Grantham*
*Dalrymple, D., *Norwich*
Rock, D., *Birmingham*
Wagstaff, A. H., *Leighton Buzzard*
Legh, S., *Hordley, Salop*
*Whitmarsh, G., *Downton, Wilts*
Croser, W., *Newcastle-on-Tyne*

*Oct.* 15.—Field, W., *Longdon, Staff.*
Owen, A. P.
*Crozier, G.
Jones, R.
*Williams, W., *Pont-y-Pool*
Morgan, W. W., *Merthyr Tydvil*
Meade, R. H., *Risboro, Bucks*
*Clarke, H. C. A., *Ramsgate*
Hellawell, J., *Huddersfield*
*Spencer, J. H., *Leicester*
Edwards, H. F., *Brislington*
Jackson, W. T., *Harworth*
Boadshaw, T , *Huddersfield*
Ellis, W., *Abergavenny*

*Oct.* 22.—Cufaude, W.H., *Norwich*
Vacy, C. K., *Cornwall*
*Lambert, W. S., *Sunk Island*
Spurrier, J., *Northumberland*
Griffin, J., *Deddington, Oxon*
Gibson, G., *Ulverstone*
Parker, G., *Upton House, Gloucester*
Taylerson, J., *Whitby*
Tunstall, J., *London*

*Oct.* 29, *Nov.* 5 *and* 12.—Bennett, E., *Manchester*
*Carter, J., *Witham, Essex*
Gibson, J., *Hull*
Handley, J. F., *Chipping Norton*
Mesurier, F. Le, *Guernsey*
Heathcote, J. N., *Newcastle*
*Tarleton, W., *Henley-in-Arden*
*Willisford, F. W., *Chelsea*
Simons, J., *Ullesthorpe*
Bisdon, W., *Dolton, Devon*
Gurdon, T. G., *Hadleigh, Suffolk*
Lomas, W. R., *Belper*
*Lord, W., *Farringdon, Berks*
Alty, J. D., *Ormskirk*
Bacon, R., *North Walsham*
Metford, H., *Bath*
*Clarke, W. B., *Beckermoat*
Kempson, P. T., *Birmingham*
Sweeting, W. S., *Bridport*
Mason, J. J., *Cheltenham*
Archibald, R., *Hereford*
*Burt, G. R., *Bridport*
Atkins, A., *Babbycombe*
Moorhouse, J., *Sheffield*
Dunning, W., *Hull*
Temple, T.C., *Cliburn, Westmorland*
Newnham, A., *Alton, Hants*
Whiteman, R. H., *Lewes, Sussex*
Bowes, J., *Richmond, Yorkshire*
Meldola, E., *London*
Graham, J. A., *Leeds*

*Nov.* 19.—Coward, H. *North Shields*
Laycock, T., *Doncaster*
*Goldstone, J., *Bath*
Lomax, H. I., *London*
Adlington, G. P., *Lancashire*
Hayley, W. F.

*Nov.* 26.—*Hopper, G., *Scarbro'*
Gibbs, J. H., *Westbury, Wilts*
Robinson, C., *Weston, near Bath*
*Sagar, T. F., *Leeds*
Prater, A.
Thackwell, W., *Dymock, Glocestersh*

*Dec.* 3.—Ashmall, T., *Lichfield*
*Davis, E. P., *Newington, Kent*
*Cripps, F., *Wisbeach*
Gaskell, J., *St. Helens, Lancashire*

*Ross, G., *Hull*
Spencer, C. M., *Norwich*
*Ward, J., *Birmingham*

*Dec.* 10.—*Field, J. A., *Milford, South Wales*
*Dickinson, J., *Cumberland*
Bennett, J., *Chapel-en-le-Frith*
*Elwyn, C., *London*
Hogg, C., *London*
*Smith, R., *Winchcomb*
*Fearnley, G., *Dewsbury*
*Wood, J. B., *Pontefract*
Callon, W. T., *St. Helens, Lancash.*
*Yarnold, G., *Romsey, Hants*

*Dec.* 17.—Kershaw, J. G., *Bradford, Yorkshire*
Lucas, R.
*Stedman, J., *Godalming*
*Martin, W., *Reigate*
*Haymes, T. *Great Glenn, Leicester*
King, J., *London*
Metcalfe, J. B., *London*
Doyle, A. J., *Lewes, Sussex*
Packman, J. D. V., *Puckeridge*
*Vallack, A. H., *Kingsand, Devon*
Lowe, R. G., *Bristol*
Kean, T., *Reading*
Collier, J., *Seccombe, Plymouth*

*Dec.* 23.—Firth, G. W. W., *Norwich*
Barrett, J., *Corton, Somersetshire*
Thorpe, E. H., *Hastings, Sussex*
Garrett, C. B., *Bushey, Herts*
Chase, J. C., *Northampton*
Heatley, P. G., *London*
Heale, A.
Buckland, J., *Malmsbury*
Clarke, E., *Birmingham*
Brewster, C., *Tolleshunt D'Arcy*
Nickols, R., *Cawthorne, Yorkshire*

*Dec.* 31.—Addison, W. B.

*Jan.* 7, 1836.—*Russell, J. *Merthyr Tydvill*
*Baskerville, T., *Canterbury*
Roberts, P. N., *Denbigh*
Samuel, J. B.
Seaton, J.
Maurice, J. K., *Smethwick*

*Jan.* 14.—*Glasspoole, H. *Watford, Herts*
Hankins, T., *Faversham*
Rendall, R. M., *Merriott, Somerset*
*Burnard, G. L., *Crewkerne*
Brownfield, J., *Norwich*
Meeke, C. S., *Birmingham*
Hill, S., *Handsworth*
*Charles, J. D. *Stow-on-the-Wold*

*Jan.* 21.—List, G. B., *Isle of Wight*
Rose, W., *High Wycombe*
Malleson, C.
Engledue, W. C., *Portsmouth*
Bird, G., *London*
Ruddock, W. P., *Leeds*
Duck, W. F., *Stocksley*
Rouse, E., *Great Torrington*
*Gibson, H., *Hull*

*Jan.* 28.—Smiles, E., *Newcastle-upon-Tyne*
Buck, T., *Holwell, Leicestershire*
Coverton, C. W.
Nickols, W.
Semple, R. H.
Ayres, W. B., *High Wycombe*
Hudson, W. T., *Cambridge*
Wardrofer, W. W., *Arundel*
Cooke, W. M., *Trinity-square*
Baynes, W. W., *Adstock, Bucks*
Potts, J., *Sunderland*
Welchman, E., *Birmingham*
Land, T., *Tiverton*
*Marshall, S., *Marnham, Notts*
Abram, J. F., *London*

*Feb.* 4.—Davis, H., *Maesgamedd Corwen*
Bond, J. A., *Polesworth*
Bell, R. J., *Reednett, Yorkshire*

*Feb.* 11.—Hawkins, C. J., *Cheltenhm*
Slaytor, J. C., *Woolpit, Suffolk*
Adams, D., *Over, Cambridgeshire*
*Gosse, W., *Poole*

*Feb.* 18.—Hoare, W. P., *Hammersmith*
Noverre, A., *Kensington*
Pickering, C.
*Bishop, J. D., *Calne, Wilts*
Robb, J., *Ockbrook*
Pritchard, T., *Anglesea*
Norris, T., *Wigan*
Baker, H. W., *Ludlow*
Smith, S., *Bridlington*
Greenhow, E. H., *Tynemouth*

*_Feb._ 25.—Lamb, S., *Stourport*
*Nicholson, S., *Manchester*
Young, T., F.L.S., *Taunton*
Mules, C. H. M., *Ilminster*
*Lumb, W. B., *Wakefield*
Tong, J. F.
*March* 3.—M'Keand, R. H.
Blundell, P., *Spern, Berks*
Rogers, J., *Newport, Isle of Wight*
James, T., *Uxbridge*
Roden, W., *Kidderminster*
*Carr, D. N., *Alnwick*
Hartley, J., *Marton*
Jones, W. H., *Lutterworth*
Long, R., *Berkeley*
*Rattan, J.
*March* 10.—*Bishop, J. D.
Lowe, T.
Mortimer, R.
*Johnson, J.
Hands, D., *Duke-st., Grosvenor-sq.*
Tuck, T. R., *London*
*Richardson, E., *Preston*
Cory, M. H., *Kettlestones*

*March* 17.—Hogg, J., *Brighton*
Lamb, R. C., *Middleham, Yorksh.*
Jey, C., *Queen Camel, Somersetsh.*
Style, G., *Dorchester*
Smith, G. H., *Rodstone, Northampton*
*Atkinson, T.W. *Cartmel, Lancas.*
*Whitfield, F. F., *Ashford, Kent*
Bennett, E., *Chapel-en-le-Frith*
Cutfield, A. B., *Deal, Kent*
Spencer, C., *Chippenham, Wilts*
Hart, W. B.
Holmes, R., *Birstall, Yorkshire*
George, E., *Rochester*
*Dunn, J., *Manchester*
*March* 24—Gilbert, S. G., *Blofield, Norfolk*
*Rickards, H., *Hereford*
*Cope, G.A., *Melbourne, Dorsetsh.*
Lush, J. A., *Berwick, St. John,*
*Tyerman. T. F. [*Wilts*
Savage, G. W., *Hull*
Latten, R., *Colchester*
Gurney, J., *Sheffield*
*March* 31.—Collenette, B., *St. Peter's Port, Guernsey*

Howell, C.W.H., *Brentwood, Essex*
*Pritchard, F. *Stratford-upon-Avon*
*Brookes, A.G. *Much Wenlock, Salop*
Carter, G. R., *Deal*
Webb, G. S., *Crewkerne, Somerset*
Merriman, C.A., *Marlborough, Wilts*

*April* 7—Thomas, S. J., *London*
Micklethwait, J., *Sheffield*
Cattlin, W. A. N., *London*
Culhane, M., *Croydon*
Coates, J. C. K., *Salisbury*

*Ap.*14.—Walker, F.M., *Chesterfield, Derbyshire*
Rivers, R., *Ipswich*
*Langmore, J.C., *Finsbury-square*
Teale, J., *Leeds*
Jones, W. P., *Holywell, Flintshire*
Chester, H. D., *Redruth, Cornwall*
Elletson, J. J.
Acland de la Hooke, J., *Ilchester*
Snow, G. B., *Lincoln*

*Ap.*21.—Wigney, T.J., *Huddersfield*
Shilleto, J., *York*
*Marshall, G. H., *Wallingford*
Davis, E., *Merthyr, Glamorgansh.*
Zinzan, R. C.

*April* 28—Saville, R., *Sunderland*
Macdonald, W., *London*
Rye, A. B., *Rochester*
Flockton, G., *Snettesham, Norfolk*
Dudley, W. W., *Leicester*
Dursley, G. L., *Gloucestershire*
Lane, C. H. Butler.
Oliver, W. H.
Vickerman, P. P.
Ellis, G. V., *Minsterworth, Gloucestershire*
Turner, W., *Newcastle-on-Tyne*
Dawson, F., *Bungay*
*Stephenson, R., *London*

*May* 5—Harris, R. D.
Anthony, J.
Abercrombie, J. B.
Freeman, T.
*Walford, E. B., *London*
Smith, G. N., *Armin Pastures*
Ridge, B., *Bridge-street, Lambeth*
*Spink, W., *Leeds*

Larkins, T. B., *Barnstaple*
*Marshall, R., *London*
Garrard, S., *Blyford, Suffolk*
Page, J., *Kirton, Lincoln*
Wotton, H. R., *Tiverton, Devon*
Collyns, W. W., *Kenton, Devon*
Alnatt, F. J., *Ramsgate*
Hackney, J., *Birmingham*

*May* 12—Rutter, J. Y., *Devonport*
*Malton, C., *Seymour-street*
Gaskarth, J., *Kendal*
*Baillie, W. *Colchis Estate, Jamaica*
Mitchell, T. R., *Leicester*
Williams, J., *St. Agnes, Cornwall*
Ransom, T. W., *Stowmarket*
Jones, L., *Pencraig*

*May* 19.—Pink, G., *Eastmeon*
Wright, R., *Rastrick, Halifax*
Barrett, S., *Bideford*
*Strang, W., *Bridport*
*Evans, A. B., *Hampstead*
Tibson, A.
*Blackburn, J., *Liverpool*
*Johnson, J., *Lancaster*
Harris, S., *Fenchurch-street*
Evans, W. P., *Crickhowell, Brecon*
*Harrison, J. B., *Manchester*
Morse, E., *Norwich*

*May* 26.—Wood, W. H., *Ash Hall,* [*Glamorgan*
Cox, C. J., *London*
Roberts, J. H.
Moore, W.
Potter, S., *Liverpool*
Norris, R. W., *Liverpool*
*Wallis, R., *South Shields*
Arnott, G., *Edinburgh*
Selkirk, J., *Bury, Lancashire*

*June* 2.—Cole, J. R., *Odiham, Hants*
Elkins, C., *Newman-street*
Dakins, E., *St. James's, Colchester*
Cooper, J., *Martham, Norfolk*
*Barsham, J. B., *Cambridge*
Cream, R. C., *Melford, Suffolk*
Smith, J. T., *Gt. Hadham, Herts.*

*June* 9.—Pritchett, C., *Bedford*
Johnson, B. K., *London*
*June* 16.—Williams, J., *Clapham*
Barber, W., *Eye, Suffolk*
Hutchins, J. H., *Trinity-square, Tower Hill*
Macfarland, W. G., *Tulse-hill, Surrey*

*June* 23—*Hudson, T. St. John, *Cork*
Smith, T., *Cheltenham*
*Hodgson, S., *Halifax*
*Keown, T. H., *Down, Ireland*
*Wilkins, H., *Cosham, Hants*
Knott, J. P., *Bradford*
Davis, E. B.
Edlin, E.
Walton, J., *Hollins, near Halifax*
*Elsdale, R., *Spalding*
*Baly, W., *London*
Irwin, F., *Ebb's Vale, Brecon*

*June* 30.—Ebdin, W., *Fressingfield, Suffolk*
*Hyde, F. O., *Aller, Somerset*
Wilson, R.
White, W. M.
*July* 7.—Rees, J., *Stratford*
Ellis, W., *Newent*
Wood, R., *Nawton*
Ward, S., *Stowmarket*
Brownson, W. H., *Colchester*

*July* 14.—Hinton, W. C., *Plymouth*
Fowler, O., *Kingham, Oxon*
Appleton, J. M., *Stokesby, Yorksh.*
Pierce, E., *Denbigh*
Keene, R.
Catty, F. A., *Cambridge*
*Coultate, W. M., *Barnley*
Whittaker, L. D., *Bampton, Oxon.*
Cumming, W. J., *Matlock, Derby*
Hurdon, J., *Launceston, Cornwall*

*July* 21.—Fowke, F. G., *Sudbury, Suffolk*
Hunt, J., *Widness, Lancashire*
Rogers, N., *Grantham*
Webb, M., *Bank, Salop*
Howard, R., *Elstead*
Wilson, R., *Milnthorpe, Westmor-* [*land*
Lomas, J., *Manchester*
Beeston, W. C.
Wilson, W., *Altrincham, Cheshire*

*July* 28.—Thomas, D. R., *North-* [*ampton*
Gould, G., *Yarmouth*
Garrard, S.

*Doyle, M. J.
*Jones, R., *Dolgelly, North Wales*
Gray, E. W., *Barton-upon-Soar, Leicestershire*
Owen, H. J., *Shrewsbury*
Lloyd, W. W., *Barnet, Herts*
Williams, R., *Dursley, Glocestersh.*
Stevenson, G., *Edinburgh*
*August* 4.—Mason, S. G., *Richmond, Yorkshire*
Jones, J., *Rockhampton, Glocestersh*
M'Nab, A., *London*
Curling, H., *London*
Hatton, H., *Bolton, Lancashire*
French, H., *Bungay*
Hallam, W., *Newcastle-under-Lyne*
*Aug.* 11.—Kenby, T. W., *Manchester*
Leete, E. S., *Thrapstone*
Percival, W., *Northampton*
Buxton, T., *Park Nook, Derbyshire*
Griffith, E., *Abergele*
Dry, W. H., *Oxford*
Orme, A.
*Aug.* 18.—Moore, W. F., *Preston, Lancashire*
Spence, J., *Kirkstall, near Leeds*
Laslett, R., *Goodestone, Kent*
Bull, E., *Newtown, Montgomerysh.*
Watson, J., *Wakefield*
Little, A., *Biddexstone, Wilts.*
Clarke, B., *Saffron Walden*
*Aug.* 25.—Prideaux, A., *Plymouth*
Clarke, T., *Brighton*
Robinson, J., *Pontefract*
Bell, W., *Whitehaven*
Beard, W. D., *Island of St. Christopher, W. I.*
Lambe, W., *Liverpool*
Lanworthy, R., *Modbury*
Hetherington, E., *Ropley, Hants*
Ayre, W.
Benson, W., *Whitfield*
*Sept.* 1.—Coats, N., *Ilfracombe*
Muller, S.L., *Old Kent Road*
Gillanders, W. P., *Brighton*
Benson, J. L., *Norton*
Burdett, H. F., *Gilmorton*
Dowlin, W. J. J., *Cork*
Cauet, F. C.
*Sept.* 8.—Lawrence, J., *Brighton*
Rowe, W. H., *Newbottle, Durham*
Hunter, J., *Islington*
Surrage, J.
*Sept.* 15.—Richardson, W., *Stockton-on-Tees*
Shute, G., *Gosport*
Taylor, H. H., *Seaton Sluice, Northumberland*
Daniel, G., *Manchester*
*Sept.* 22.—Wallworth, C., *Congleton, Cheshire*
Jones, J., *Kingston, Surrey*
Firth, J., *Congleton*
Carter, J., *Ulverstone*
M'Nicoll, D. H., *Liverpool*
Salter, T. B., *Poole*
Kelly, W., *Lyon's Inn*
De la Court, G.C., *Kennington-road*
*Sept.* 29.—Peck, W. R., *Kimbolton*
Baron, E. G., *Hull*
Dickinson, J., *Plunder Bridge*
Smith, H. R., *Newark*
Norton, R., *Nailsworth, Gloucester*
Bage, R., *Shrewsbury*
Glover, J., *York*
Hanham, F., *Bath*
Clark, W. J., *Skipton Bridge, Yorks*
Ley, R., *Newton Abbott*
Morris, R.T., *near Wigan, Lancash.*
Foster, W., Royal Navy, *Yarm*
Fothergill, R., *Bedale, Yorkshire*
Marsden, W., *Thornhill*
Heald, F., *Wakefield*
Naylor, J., *Preston, Lancashire*
Parkin, J., *Workington*
Jenkins, C. F., *Thames Ditton*
Taylor, A. J., *Morpeth, Northumb.*
Wright, T., *Wolverhampton*
Palmer, H.P., *Winterbourne, Bristol*
Wright, A., *Birmingham*
Cowherd, J., *Kendal*
Truran, T., *Exeter*
Field, W., *Tong*
Lewis, F. H. D., *London*
Smith, T. M. *Bideford, Devon,*
Nottage, J. B., *Lancaster*

Candidates examined 1835-6, one year, —556; 450 passed. Of 106 rejected 36 were rejected solely for defective knowledge of Latin.

# LONDON MEDICAL AND SCIENTIFIC SOCIETIES.

## MEDICAL SOCIETIES.

### THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY OF LONDON.—53, BERNERS-STREET, OXFORD-STREET.—*Instituted* 1805.—*Chartered* 1834.

*Officers and other Members of the Council for the Year* 1836-7.

*President.*—H. Earle, Esq.
*Vice-Presidents.*—R. Lee, M.D.; J. Howship, Esq.; R. Hume, M.D.; J. F. South, Esq.
*Treasurers.* — J. Bostock, M.D.; J. M. Arnott, Esq.
*Secretaries.* — J. Clendinning, M.D.; R. Partridge, Esq.
*Librarians.*—J. Thomson, M.D.; W. Coulson, Esq.

*Other Members of the Council.*—J. Elliotson, M.D.; Sir B. C. Brodie, Bart.; Sir A. P. Cooper, Bart.; T. Nelson, M.D.; J. S. Gaskoin, Esq.; J. Ager, M.D.; G. H. Weatherhead, M.D.; M. Tupper, Esq.; J. G. Andrews, Esq.; R. Pinckard, M.D.

The number of members belonging to this Society is about 400; they are admitted by ballot; pay an admission-fee of six guineas; and three guineas annually.

The Society publishes Transactions, of which nineteen volumes have appeared.

### THE MEDICAL SOCIETY OF LONDON. — 3, BOLT-COURT, FLEET - STREET. — *Instituted* 1773.

*Officers.*

*President.*—J. Whiting, M.D.
*Vice - Presidents.* — J. Johnson, M.D.; N. Clifton, Esq.; T. J. Pettigrew, Esq.
*Treasurer.*—W. Shearman, M.D.
*Librarian.*—W. C. Dendy, Esq.
*Secretaries.*—E. Headland, Esq.; H. P. Robarts, Esq.
*Secretary for Foreign Correspondence.*—T. Davidson, M.D.
*Council.*—*Chairmen for the Year.*—L. Stewart, M.D.; T. E. Bryant, Esq.; H. Blenkarne, Esq.; T. Blundell, M.D.; J. S. Bristowe, Esq.; J. Cole, Esq.; E. Crisp, Esq.; J. Courtenay, Esq.; N. Delph, Esq.; W. B. Diamond, Esq.; W. Honeywood, Esq.; J. Howell, Esq.; W. Kingdon, Esq.; E. H. Linacre, Esq.; E. Meryon, Esq.; G. Moore, Esq.; G. Pilcher, Esq.; T. Thompson, M.D.; C. Waterworth, Esq.
*To deliver the Oration in March,* 1837, E. Headland, Esq.

The number of Fellows of the Society is variable; at present upwards of 90; they pay upon admission two guineas, and the same sum annually; or, on advancing fifteen guineas, above all arrears then due, they are exempted from future payments. No fee or annual payment is expected from honorary or coresponding members.

There is a Library containing upwards of 15,000 volumes.

The Society gives annually, to the author of the best Dissertation on a subject proposed by them, a Gold Medal, value twenty guineas, called the Fothergillian Medal; for which the learned of all countries are invited as candidates.

Also two Silver Medals annually; one of which shall be adjudged for the best Essay or Essays read before the Society, written by a Fellow; the other for the best Essay or Essays read before the Society, written by a Corresponding Member, or by any person not a member of the Society.

*Questions for the Fothergillian Medal.*

For March, 1837. — "On the Use and Abuse of Mercury."

For March, 1838. — "On the Structure, Economy, and Diseases of the Ear."

The Essays must be sent before the 1st of December, and the Medal is awarded in the following year.

## WESTMINSTER MEDICAL SOCIETY.—*Instituted* 1809.

*President.*—C.J.B.Williams, M.D.

*Vice-President.*—W. B. Costello, Esq.

*Committee.*—Messrs. Bird, Clapp, Dr. Reid, Messrs. Farrants, H. Johnson, Horne, Lucas, Malyn, Smith, Strecter, and Ure.

The ordinary meetings of the Society are held at the Hunterian Theatre of Anatomy, Great Windmill-street.

The members are between four and five hundred.

Officers are elected annually on the second Saturday in October.

## HUNTERIAN SOCIETY. — 4, BLOMFIELD-STREET, FINSBURY-CIRCUS.—*Instituted* 1819.

*President and Treasurer.* —B. G. Babington, M.D.

*Vice - Presidents.* — S. Ashwell, M.D.; W. Coulson, Esq.; C. Aikin, Esq.; A. Gordon, Esq.

*For the Oration of* 1836.—B. B. Cooper, Esq.

*Librarian.*—T. Bull, M.D.

*Secretaries.*—W. Cooke, Esq.; E. Smith, Esq.

*Council.*—Miles Beale, Esq.; T. Bevan, Esq.; F. W. Bossy, Esq.; T. W. Chaldecott, Esq.; E. Cock, Esq.; T. Hodgkin, M.D.; C. Law, Esq.; J. Miles, Esq.; J. Roberts, Esq.; R. Rowland, M.D.; S. Rix, Esq., R. R. Robinson, Esq.

## HARVEIAN SOCIETY. — 17, EDWARD - STREET, PORTMAN-SQUARE.—*Instituted* 1831.

*Presidents.*—J. Clendinning, M.D. E. Barker, Esq.

*Treasurer.*—W. Stroud, M.D.

*Hon. Secretary.*—A. Anderson.

*Council.*—G. J. Squibb, Esq.; C. Wing, Esq.; W. J. Byam, Esq.; J. S. Cambell, M.D.; W. Tevas, Esq.; M. Giuseppi, Esq.

Dissertations and Cases are read and discussed during the evening. Coffee is supplied.

Annual subscription one guinea.

## PHYSICAL SOCIETY.—GUY'S-HOSPITAL.—*Instituted* 1772.

*Honorary President.*—Sir A. Cooper, Bt.

*Presidents.* — Dr. Hodgkin, Dr. Ashwell, Dr. Barlow, B. B. Cooper, Esq., T. Bell, Esq., J. Hilton, Esq.

*Honorary Secretaries.*—C. Gaselee, A. Tweedie.

The members of the Physical society will hold their Meetings during the Sessions of 1836 and 1837, on the following Saturdays, from eight o'clock precisely until half-past nine:—

| 1836. | | 1837. | |
|---|---|---|---|
| October | 1, 15, 29. | January ... | 7, 21. |
| November | 12, 26. | February ... | 4, 18. |
| December....... | 10. | March ...... | 4, 18. |
| | | April ... | 1, 15, 29. |

## MEDICO-BOTANICAL SOCIETY.—32, SACKVILLE-ST.—*Instituted* 1821.

*President.*—Earl Stanhope.
*Treasurer.*—H. Cope, Esq., Jun.
*Secretaries.*—G.G.Sigmond,M.D.; J. Foote, Jun., Esq.
*Librarian.*—W. H. Judd.
*Conservator.*—F. J. Farre, M.D.
*Professor of Botany.*—C. Johnson, Esq.
*Professor of Chemistry*—T.Everitt, Esq.
*Professor of Materia Medica.*—M. Ryan, M.D.
*Professor of Toxicology.*—J. D. Morris, M.D.
*Council.*—H. Brandreth, Jun., Esq.; W. D. Chowne, M.D.; H. Gibbs, Esq.; G. J. Guthrie, Esq.; Sir H. Halford, Bart., M.D.; W.T. Iliff, Esq.; J.Johnson, M.D.; Sir J. M'Grigor, Bart., M.D.; G. Hamilton Roe, M.D.; J. Steggall, M.D.; A. White, Esq.

Conditions of admission.—Recommendation by three Fellows at least—ballot—admission fee two guineas—annual subscription two guineas, or composition 21*l*.

Transactions are published.

The Society has an extensive library, and a museum of botanical specimens.

## PHRENOLOGICAL SOCIETY.—10, PANTON-SQUARE.—*Established* 1824.

*President.*—J. Elliotson, M.D.

*Vice-Presidents.*—J. J. Hawkins, Esq.; H. B. Churchill, Esq.; Dr. Billing; G. Lewis, Esq.

*Secretary.*—R. Fearnside, Esq.

*Curator.*—H. P. L. Drew, Esq.

*Librarian.*—W. Herring, Esq.

*Treasurer.*—J. B. Sedgwick, Esq.

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# SCIENTIFIC SOCIETIES.

## ROYAL SOCIETY.

SOMERSET HOUSE.

*President.*—The Duke of Sussex.
*Treasurer.*—F. Baily, Esq.
*Secretaries.*—P. M. Roget, M.D.; J. G. Children, Esq.
*Foreign Secretary.*—C.Konig, Esq.
*Assistant Secretary.*—John D. Roberton.
*Librarian.*—W. E. Shuckard.

*Council.*—W. Allen, Esq.; Rev. W. Buckland, D.D.; S. H. Christie, Esq.; Rev. J. Cumming; D. Gilbert, Esq.; J. H. Green, Esq.; H. Holland, M.D.; W. Lawrence, Esq.; J.W. Lubbock, Esq.; H. Mayo, Esq.; R. I. Murchison, Esq.; Rev. R. Murphy, M.A.; Sir J. Rennie; W. H. Smyth, Capt. R.N.; E. Turner, M.D.; Rev. W. Whewell.

## ROYAL INSTITUTION OF GREAT BRITAIN.—ALBEMARLE-STREET.

*President.*—Duke of Somerset.
*Treasurer.*—W.H. Hamilton, Esq.
*Secretary.*—E. R. Daniell, Esq.
*Librarian.*—W. Mason, Esq.
*Professor of Chemistry.*—W. T. Brande, Esq.
*Professor of Natural Philosophy.*—Rev. W. Ritchie, LL. D.
*Professor of Botany.*—J. Lindley, Esq., Ph. D.

*Fullerian Professor of Chemistry.*—M. Faraday, Esq., D.C.L.

*Fullerian Professor of Physiology.*—P. M. Roget, M.D.,

Several courses of lectures are delivered each season, in the theatre of the Institution, by the professors, and by other eminent individuals.

Members are ballotted for on the first Monday of every month, and pay an admission fee of six guineas, and an annual payment of five guineas, the first year being paid in advance at the time of admission.

Annual Subscribers pay five guineas, and one guinea to the Library fund on admission.

Subscribers to the Lectures, gentlemen as well as ladies, pay two guineas for the Season, or one guinea each Course.

There is an extensive library of scientific works in all languages, and a museum of mineralogical specimens, chiefly British.

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## SOCIETY OF ARTS.—18, JOHN-STREET, ADELPHI.—*Instituted, 1754, for the Encouragement of Arts, Manufactures, and Commerce.*

*President.*—The Duke of Sussex.

*Secretary.*—A. Aikin, Esq.

*Assistant Secretary.*—Mr. Woodfall.

Members are elected by ballot, upon the recommendation of three members of the Society, and pay annually two guineas, or twenty guineas in lieu of each payment. There are about 700 members, whose meetings are held at half-past seven every Wednesday evening, from the first Wednesday in November, until the second Wednesday in June.

Fifty volumes of their Transactions are published, to a copy of which every member is entitled. They have also published a Catalogue, price 1*s.* of their extensive Library, from which members may borrow a limited number of books.

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## STATISTICAL SOCIETY OF LONDON.—4, ST. MARTIN'S PLACE.—*Founded March, 15th,* 1834.

*Council and Officers.*

*President.*—The Most Noble the Marquis of Lansdowne.

*Vice Presidents.*—The Right Hon. Earl Fitzwilliam; Viscount Sandon, M.P; Sir C. Lemon, Bart.; Lieut.-Col. W. H. Sykes.

*Treasurer.*—H. Hallam, Esq.

*Secretaries.*—J. E. Drinkwater, Esq.; W. Greig, Esq.; C. H. Maclean, Esq.

*Council.*—C. Babbage, Esq.; W. J. Blake, Esq.; J. Buckle, Esq.; W. Burge, Esq.; T. Drummond, Esq.; H. Elphinstone, Esq. M.P.; J. H. Green, Esq.; E. Halswell, Esq.; B. Hawkins, M.D.; A. Hayward, Esq.; Rev. R. Jones; Earl of Kerry, M.P.; Lord Bishop of London; S. J. Loyd, Esq.; G. R. Porter, Esq.; J. T. Pratt, Esq.; G. P. Scrope, Esq., M. P.; N. W. Senior, Esq.; T. Tooke, Esq.; E. C. Tufnell, Esq.; T. Vardon, Esq.; the Rev. W. Whewell.

*Officers appointed by the Council.*

*Assistant Secretary.*—Mr. T. R. Preston.

*Collector.*—Mr. T. Paull.

There are upwards of four hundred Fellows. They are admitted by ballot, and must have three-fourths of the votes in their favour. The Annual Subscription is two guineas, due on the 1st of January. Fellows may compound for future payments, at any time, by paying twenty guineas. A Library of Statistical works is forming; and Transactions will be published whenever sufficient matter is collected. The Society has published an interesting tract of proceedings.

## GEOLOGICAL SOCIETY.

SOMERSET HOUSE. — *Instituted*, 1807.—*Incorporated*, 1826.

*President.*—C. Lyell, jun., Esq.
*Vice-Presidents.*—Rev. W. Buckland, D.D.; Sir P. G. Egerton, Bart.; G. B. Greenough, Esq.; E. Turner, M.D.; H. Warburton, Esq.
*Secretaries.* — W. J. Hamilton, Esq.; W. Parish, jun., Esq.
*Foreign Secretary.*—H. T. De la Beche, Esq.
*Treasurer.*—J. Taylor, Esq.
*Curator and Librarian.*—W. Lonsdale, Esq.

The number of members is 810. Persons living within twenty miles of London may become members by paying an admission fee of six guineas, and three guineas annually; or six guineas, and thirty guineas in lieu of annual payments; persons living at a greater distance from London than twenty miles, make one payment of 10*l.* 10*s.*

The Society publishes Transactions, of which five volumes of the first and three of the second series have appeared. It possesses a good library, and a museum of Mineralogical specimens and Fossil remains.

## ZOOLOGICAL SOCIETY.

28, LEICESTER-SQUARE.

*President.*—Earl of Derby.
*Vice-Presidents.* — Captain W. Bowles, R.N.; J. Hamilton, Esq.; Viscount Gage; W. Yarrell, Esq.
*Treasurer.*—C. Drummond, Esq.
*Secretary.*—

There are 3000 members, who are admitted by ballot, and pay an admission fee of 5*l.*, and 3*l.* annually; or 35*l.* in lieu of annual payments.

The Society has a small library, an extensive museum, and public gardens. Their transactions are published, and the first volume (in four parts) is just completed.

## HORTICULTURAL SOCIETY OF LONDON. — REGENT-ST. —*Incorporated*, 1808.

*Officers.*

*President.*—T. A. Knight, Esq.
*Vice-Presidents.* — E. Barnard, Esq.; H. M. Dyer, Esq.; A. Henderson, M.D.; G. Loddiges.
*Treasurer.*—T. Edgar, Esq.
*Secretary.*—G. Bentham, Esq.
*Assistant-Secretary.*—J. Lindley.
*Gardener.*—Mr. D. Munro.

Every candidate for admission into the Society as a Fellow, is to be proposed by three or more Fellows, one of whom must be personally acquainted with him, or with his writings. The fee to be paid on the election and admission of a new Fellow is six guineas, and four guineas per annum, payable on the 1st of May, which may be compounded for, by the payment of forty guineas at any one time, before the contribution of the current year becomes due.

## BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.—1830.

*Officers of the Council*, 1835-36.

*Trustees (permanent).*—C. Babbage, Esq.; R. I. Murchison, Esq.; J. Taylor, Esq.

*President.*—Rev. B. Lloyd, D. D., Provost of Trinity College, Dublin.

*Vice-Presidents.*—Viscount Oxmantown, M.P.; Rev. W. Whewell.

*President elect.*—The Marquis of Lansdowne.

*Vice-Presidents elect.*—Rev. W. D. Conybeare; J. S. Harford, Esq.; J. C. Prichard, M.D.

*General Secretaries.*—F. Baily, Esq.; Rev. W. V. Harcourt.

*Assistant Secretary.*—J. Phillips, Esq.

*Treasurer.*—J. Taylor, Esq., 14, Chatham-place, Blackfriars.

*Council.*—G. B. Airy, Esq., Astronomer Royal, Greenwich; G. Bentham, Esq., Westminster; Rev. W. Buckland, D.D., Oxford; Rev. G. Peacock, Cambridge; Professor Christie, Woolwich; and W. Clift, Esq., J. E. Drinkwater, Esq., G. B. Greenough, Esq., Dr. Hodgkin, J. W. Lubbock, Esq., G. Rennie, Esq., P. M. Roget, M.D., W. Yarrell, Esq., R. Brown, Esq., London, by whom the affairs of the Association are managed.

*Secretaries to the Council.*—E. Turner, M.D., London; Rev. J. Yates, 49, Upper Bedford-place.

*Local Treasurers.*—Dr. Daubeny, Oxford; C. Forbes, Esq.

Five volumes of Reports of their proceedings are published, which are sold to the members at two-thirds of the retail price.

The Association in the commencement at York, numbered 350 members; at Oxford they increased to 700; at Cambridge (1833) to about 1400; and at the Bristol meeting, in August, 1836, they were upwards of 3000.

The next meeting will be held in Liverpool, August, 1837.

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## ROYAL GEOGRAPHICAL SOCIETY.—21, REGENT-STREET.—*Instituted*, 1830.

*President.*—Sir J. Barrow, Bart.

*Vice-Presidents.*—Col. Fanshawe; R. I. Murchison, Esq.; T. Murdoch, Esq.; W. Parish, Esq.

*Treasurer.*—J. Biddulph, Esq.

*Trustees.*—Sir G.T. Saunton, Bart.; F. Bailey, Esq.; J. Biddulph, Esq.

*Secretaries.*—Captain Washington, R.N.; Rev. G. C. Renouard, Foreign and Honorary.

*Councillors.*—J. Backhouse, Esq.; Capt. Beaufort, R.N.; A. Borradaile, Esq.; Capt. Bowles, R.N.; W. Brockedon, Esq.; Col. Sir A. Dickson, R.A.; The Hon. Mountstuart Elphinstone; C. Enderby, Esq.; B. Frere, Esq.; G. B. Greenough, Esq.; H. Hallam, Esq.; W. R. Hamilton, Esq.; R. W. Hay, Esq.; Lieut.-Col. Leake; G. Long, Esq.; J. Morier, Esq.; Lord Prudhoe; G. Rennie, Esq.; The Right Hon. the Earl of Ripon; Capt. Vetch, R.E.; The Hon. J. S. Wortley.

Meetings the second and fourth Mondays of every month, at 9, P.M. The Anniversary Meeting on Monday, May 15, at 1, P.M.

The Society has a good library, with a collection of maps and instruments connected with Geographical science, to which all members have access; also strangers, by their orders, under certain restrictions.

They publish a Journal, five volumes of which are issued, price *7s. 6d.* each volume.

Admission fee, *3l.*; annual subscription, *2l.*

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## BENEVOLENT SOCIETIES.

### SOCIETY FOR THE RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN, IN LONDON AND ITS VICINITY.—*Instituted in the year* 1788.

*Patron.*—The Duke of Sussex.

*Officers and Directors for the years* 1836-37.

*President.* — Sir Henry Halford, Bart., M.D.

*Vice-Presidents.* — *Physicians.* — Drs. Frampton, Heberden; Sirs C. Clarke, J. M'Grigor. *Surgeons.*—Ware, Sir A. Cooper, Pennington, Vincent. *Apothecaries.*—Simons, Field, E. Brande, Nussey.

*Treasurers.*—Mr. Malim, (Acting Treasurer,) Drs. Turner, Merriman.

*Directors.*—*Physicians.*— Babington, Burrows, Sutherland, Wilson, Forbes, Holland, Billing, Latham. *Surgeons.*— Gaskoin, Stone, Howship, Thomas, Copeland, Tupper, Alexander, Keate. *Apothecaries.*—Dore, Merriman, Seaton, James, Annandale, Tegart, Hingeston, Eyles.

*Trustees.*—Sir H. Halford, Drs. Southey, Turner.

*Trustees of the Fund for Accumulation.*—Dr. Merriman, Dr. Outram, J. P. Vincent, Esq., M. Ware, Esq.

*Secretary.*—Mr. Watson, *Berners-street.*

*Collector.*—C. Hinde, *Upper Islington-terrace.*

Members, 330.

All legally qualified medical men, residing within seven miles of the Royal Exchange, or in the county of Middlesex, are eligible to be balloted for as members. The Subscription is either two guineas annually, for twenty years, or 20 guineas in lieu of annual payments. The Court of Directors meet on the third Wednesdays in March, June, September, and December, at Gray's Inn Coffee-house. The General Court meet in April and October. A statement of all the concerns of the Society is published annually.

Widows of Members without children, who have not an income of £50 a-year, are eligible to receive assistance from the fund: the present allowance to such persons is £35 a-year. Widows having children under 14 years of age, are allowed, in addition to this sum, £12 a-year for each child, provided the child has not an annual income of £12. Orphans who have not £25 a-year are allowed that sum.

£21,419 15*s.* have been distributed among persons eligible to receive assistance from the Society. At present twenty-six widows (some of whom have families) and three orphans receive assistance half-yearly from the funds of the Institution.

## MEDICAL BENEVOLENT SOCIETY.—*Instituted*, 1816.

*Patron.*—The Duke of Sussex.
*President.*—J. Latham, M.D.
*Vice-Presidents.*—J. Hull, M.D., Sir H. Halford, Sir M. Tierney, Sir A. Cooper, J. P. Vincent, Esq.; R. Keate, Esq.; E. A. Brande, Esq.; J. Nussey, Esq.; E. Bean, Esq.
*Directors.*—P. M. Latham, M.D.; C. Darling, M.D.; H. Holland, M.D.; H. Roots, M.D.; W. F. Chambers, M.D.; Sir C. M. Clarke; T. A. Stone, Esq.; J. S. Gaskoin, Esq.; R. Blagden, Esq.; T. Bell, Esq.; T. Copeland, Esq.; R. R. Pennington, Esq.; W. Davies, Esq.; A. Skair, Esq.; J. Freeman, Esq.; J. H. Pope, Esq.; M. Tupper, Esq.
*Treasurers.* — Dr. Clutterbuck, H. Field, Esq.; R. Ogle, Esq.
*Secretary.*—H. C. Field, *Charter-house-square.*

This Society was established in the year 1816, for the purpose of affording relief to such of its members "as are in distressed circumstances, from mental or bodily infirmity, or who, from other causes, shall be considered as requiring and deserving of assistance."

By a Rule of the Society, no claims can be made on its fund till "after the expiration of *ten years* from the date of its establishment; when, but not sooner, relief may be granted."

The period, therefore, is now arrived when claims may be made; and the Directors are anxious, as speedily and effectually as possible, to exercise the discretionary power vested in them; but they have the mortification to find, that the fund of the Society is very small, whilst they have strong reasons for believing that the claims upon it will be numerous.

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## THE ARMY MEDICAL OFFICERS' BENEVOLENT SOCIETY.—ARMY MEDICAL BOARD - OFFICE, SOMERSET-PLACE.—*Instituted, May*, 1820.

*President.*—Sir C. Ker, M.D., Principal Inspector-General of the Army Medical Department.
*Vice-Presidents.*—Dr. Renny, Director-General in Ireland; Sir C. M. Clarke, Bart.; T. Gordon, Esq., Principal Inspector-General.

The Anniversary Meeting is held at the Thatched House Tavern, St. James's-street, on the 20th of May.

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## THE ASSURANCE SOCIETY OF THE OFFICERS OF THE MEDICAL DEPARTMENT OF THE ARMY. — *Instituted* 1816.

*President.*—Sir J. M'Grigor, Bart.
*Vice-Presidents.*—Sir M. Tierney, Bart.; Sir C. Ker, M.D.; W. Somerville, M.D.
*Secretary.*—Mr. T. Tanner, *Somerset-place, Somerset-house.*

The Anniversary Meeting is held at the Thatched House Tavern, St. James's-street, on the 20th of May.

The Table on the following page, shows the days and hours of meeting of all the Medical, and many of the Scientific Societies of London.

## *Time of Meeting of the Medical and other Scientific Societies in London,—November, 1836, to November, 1837.*

| SOCIETIES. | Time of Meeting. | November. | December | January. | February. | March. | April. Eaſter Sun. 3. | May. Whitsunday 3. | June. | ANNIVERSARY MEETINGS. |
|---|---|---|---|---|---|---|---|---|---|---|
| | P.M. | | | | | | | | | |
| *Antiquarian,* Somerset House ... | Thurs. 8 | 17, 24 | 1, 8, 15 | 5, 12, 19, 26 | 2, 9, 16, 23 | 2, 9, 16, 23, 30 | 6, 13, 20, 27 | 4, 11 | 1, 8, 15 | ............... |
| *Geological,* Somerset House ... | Wed. 8⅓ | 2, 16 | 7, 21 | 4, 18 | 1, 15 | 8, 22 | 12, 26 | 10, 24 | 14 | Feb.20.1p.m. |
| *Harveian,* | Sat. 8 | 5, 19 | 3, 17 | 7, 21 | 4, 18 | 4, 18 | 8, 22 | 6, 20 | | |
| *Hunterian,* Blomfield-st.Finsry | Wed. 8 | 2, 16, 30 | 7, 21, 28 | 11, 25 | 8, 15 | 1, 15, 22 | 12, 26 | 10, 24 | 14 | Feb. 17 |
| *Linnean,* Soho-square ......... | Tues. 8 | 1, 15 | 6, 20 | 17 | 7, 21 | 7, 21 | 4, 18 | 2, 23 | 6, 23 | May24.1p.m. |
| *Medical,* Bolt-court ............ | Mon. 8 | 7, 14, 21, 28 | 5, 12, 19 | 2, 9, 16, 23, 30 | 6, 13, 20, 27 | 6, 13, 20, 27 | 3, 10, 17, 24 | 1, 8, 15, 22, 29 | ............ | March 8 |
| *Medico-Botanical,* Sackville-street..... | Tues. 8 | 8, 23 | 13, 27 | 10, 24 | 14, 28 | 14, 28 | 11, 25 | 9, 23 | 13, 27 | ............... |
| *Phrenological,* Panton-square ...... | Mon. 8 | 7, 21 | 5, 19 | 2, 16 | 6, 20 | 6, 20 | 3, 17 | 1, 15 | 5, 19 | March 31 |
| *Royal,* Somerset House ... | Thur. 8½ | 17, 24 | 8, 15 | 5, 12, 19, 26 | 2, 9, 16, 23 | 2, 9, 16, 23, 30 | 13, 20, 27 | 4, 11, 18 | 1, 8, 15 | Nov10.11a.m. |
| *Royal Astronomical,* Somerset House ... | Friday 8 | 11 | 9 | 13 | 10 | 10 | 14 | 12 | 9 | Feb.13.3p.m. |
| *RoyalMedic.Chirurgical* Berners street . | Tues. 8½ | 8, 22 | 13, 27 | 10, 24 | 14, 28 | 14, 28 | 11, 25 | 9, 23 | ............ | ............... |
| *Royal Institution,* Albemarle-street ... | Friday 8½ | ............... | ........... | 20, 27 | 3, 10, 17, 24 | 3, 10, 24 | 14, 21, 28 | 5, 12, 19, 26 | 2, 9 | ............... |
| *Society of Arts,* Adelphi ........... | Wed. 7½ | 2, 9, 16, 23, 30 | 7, 14, 21 | 11, 18, 25 | 1, 8, 15, 22 | 1, 8, 15, 22, 29 | 5, 12, 19, 26 | 3, 10, 17, 24, 31 | 7, 14 | ............... |
| | Illus Tu 8 | 8 | 13 | 10 | 14 | 14 | 11 | 9 | 13 | ............... |
| *Statistical,* St. Martin's-place.. | Mon. 8 | 21 | 19 | 16 | 20 | 20 | 17 | 15 | 19 | Feb. 15 |
| *Westminster Medical* | Sat. 8 | 5, 12, 19, 26 | 3, 10, 17 | 7, 14, 21, 28 | 4, 11, 18, 25 | 4, 11, 18, 25 | 8, 15, 22, 29 | 6, 13, 20, 27 | 3, 10, 17, 24 | ............... |
| *Zoological,* Bruton-street ..... | Thurs 3 | 3 | 1 | 5 | 2 | 2 | 6 | 4 | 1 | ............... |
| | Tues. 8½ | 8, 22 | 13, 27 | 10, 24 | 14, 28 | 14, 28 | 11, 25 | 9, 23 | 13, 27 | ............... |

## THE MEDICAL DEPARTMENT OF THE ARMY.

At the Twenty-first Annual Meeting of the Medical Officers of the army, an account of the present state of the Library, Museum of Natural History, Museum of Anatomy, and of the Records, was presented by the Chairman.

### 1—*Museum.*

The following statement exhibits the actual state of the Museum at this time. The additions to it made during the past year have been considerable; many of them indeed, splendid, and of great value:—

Specimens remaining May 15, 1836:—

*Anatomy*, 2,997. *Natural History*—Animal Kingdom, 7,609; Vegetable Kingdom, 6,707; Mineral Kingdom, 4,294. *Works of Art*, 542.

### 2—*Library.*

The Library contains 3,129 volumes.

### 3—*Record Room.*

The additions made to the Medical Records under Dr. Gordon during the past year are of great value as well as extent. It is believed to be generally known that they are open to the profession at large as well as to every Member of the Department. The collection now contains—

| | Vols. | |
|---|---|---|
| Historical Monthly Reports from 1816 to May 1836....... | 7 | Folio. |
| Annual Returns and Reports from 1816 to May 1836....... | 168 | Quarto. |
| Histories of Epidemic Diseases, being replies to Queries | 2 | ditto. |
| Topography, with Maps......... | 6 | ditto. |
| Valuable Papers on the Syphilitic question..................... | 1 | ditto. |
| Abstract of the Quarterly and Monthly Sick Returns at home and abroad, from 1816 May 1836...................... | 3 | ditto. |
| Reports on Cholera .............. | 1 | Quarto. |
| Ditto, unbound. | | |
| Several Maps, &c. unbound. | | |

On a representation made by the Director General last year to the Secretary at War, of the great value of the Reports and Returns of the Medical Officers of the Army during the twenty years Sir James M‘Grigor had been in office, and of the importance of making a summary of them, which the reduced state of the Office Establishment did not enable him to do, Lord Howick was pleased entirely to approve of such a summary being made; and on the Director General further recommending that Deputy Inspector General of Hospitals Marshall, and Lieutenant Tulloch, should be employed in the Office for this purpose, Lord Howick readily and kindly notified his consent and the approbation of the Treasury to this arrangement.

Considerable progress has already been made in this great and most desirable work, which, when brought out, will reflect much credit on the Medical Department of the Army.

It gives us great pleasure to see this announcement made; the previous writings of Mr. Marshall and Lieutenant Tulloch are sufficient guarantees that the duty committed to their charge will be efficiently performed.

We hope to see an Annual Army Medical Report published; nothing would contribute more, if judiciously drawn up, to the progress of the hygiene of armies; a subject of vital importance, but hitherto little studied.

### 4—*Building.*

At the last Meeting, the obtaining a building in the metropolis, where the valuable Library and

Museum of the Department could be deposited in safety, and made accessible to all, was again agitated, and handsome sums in aid of it were subscribed on the spot.

In this building all Officers coming to town would meet, and here the Annual Meetings of the Department would be held, instead of resorting to a tavern.

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## ARMY MEDICAL BOARD,

### SOMERSET HOUSE.

*Director General.*—Sir J. M'Grigor, Bart., M.D., F.R.S., K.T.S., Physician Extraordinary to the King. *Deputy Inspector General of Hospitals.*—T. Gordon, M.D. *Agent.*—J. Kirkland, Esq.

### MEDICAL DEPARTMENT OF THE ARMY.

The name of no gentleman can be placed on the list who does not possess the diploma of either of the Colleges of Surgeons of London, Edinburgh, or Dublin, and who cannot produce the following testimonials:—

18 Months' attendance on an hospital of celebrity, where the average number of in-patients is not less than 80.
24 ——— Anatomy.
12 ——— Practical Anatomy.
12 ——— Surgery, or (what is preferred) 6 months' Surgery, and 6 months Military Surgery.
6 ——— Clinical Surgery, a complete course of two or three Lectures during the week.
12 Months' Practice of Physic, or 6 months' practice of Physic, and 6 of general Pathology.
6 Months' Clinical Lectures on ditto, the same as required in Surgery.
12 ——— Chemistry.
6 ——— Practical Chemistry.
3 ——— Botany.
3 ——— Materia Medica.
3 ——— Practical Pharmacy or Apprenticeship.
4 ——— Natural History.
4 ——— Midwifery.

2nd. The candidates must be unmarried, not beyond twenty-six years of age, nor under twenty-one years.

3rd. Candidates who have had an University education, and have the degree of A.M. as well as that of M.D., will be preferred; but a liberal education, and a competent knowledge of the Greek and Latin languages are indispensably requisite in every candidate.

4th. Although the British schools are specified, it is to be understood that candidates who have received a regular education in approved foreign universities or schools will be admitted to examination.

### ARMY MEDICAL OFFICERS.

| RANKS. | Rates of Daily Pay subject to certain Provisions. | | | |
|---|---|---|---|---|
| | After 25 years' actual Service. | After 20, but under 25 years' actual Service. | After 10, but under 20 years' actual Service. | Under 10 years' actual Service. |
| | £. s. d. | £. s. d. | £. s. d. | £. s. d. |
| Assistant Surgeon ............ | 0 10 0 | 0 10 0 | 0 10 0 | 0 7 6 |
| Regimental Surgeon ......... | 1 2 0 | 0 19 0 | 0 15 0 | 0 13 0 |
| Staff Surgeon .................... | 1 3 0 | 1 0 0 | 0 16 0 | 0 14 0 |
| Assistant Inspector of Hospitals .................... | 1 4 0 | 1 2 0 | 0 19 0 | 0 0 0 |
| Deputy Inspector General of ditto ........................ | 1 10 0 | 1 8 0 | 1 4 0 | 0 0 0 |
| Inspector General of Hospitals ........................ | 2 0 0 | 1 18 0 | 1 16 0 | 0 0 0 |

# MEDICAL DEPARTMENT OF THE NAVY.

## ADMIRALTY, SOMERSET HOUSE.

*Physician-General of the Navy.* — Sir W. Burnett, K.C.H. (Physician in Ordinary to the King.) *Chief Clerk.*— J. Bynon, Esq.

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### ROYAL HOSPITAL, HASLAR.

*Physician.*—I. Wilson. *First Surgeon.*—J. Mortimer. *Second Surgeon and Lecturer.*—J. Scott. *Junior Surgeon and Medical Storekeeper.* — J. Henderson. *Agent and Steward.*—J. C. Weir.

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### ROYAL HOSPITAL, PLYMOUTH.

*Physician.*—Sir D. J. H. Dickson. *Surgeon.*—R. Armstrong. *Junior Surgeon and Medical Storekeeper.* — W. Rae. *Agent and Steward.*—T. Grant.

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### ROYAL MARINE INFIRMARIES AND NAVAL HOSPITALS.

*Chatham. Surgeon.* — J. Richardson, *Purveyor.*—G. Hooker.

*Woolwich. Surgeon.*—H. Parkin. *Purveyor.*—Capt. G. Varlo.

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### ROYAL MARINE INFIRMARIES.

*Portsmouth. Surgeon.*—D. Quarrier.

*Plymouth. Surgeon.*—I. Ryall.

Number of Surgeons on the Navy List, 680. Assistant-Surgeons ditto, 282.

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### CONDITIONS OF ENTERING THE NAVY.

Previously to the admission of Assistant Surgeons into the Navy, it will be required that they produce proof of having received a classical education, and that they possess in particular a competent knowledge of Latin; also

That they are of good moral character.

That they have served an apprenticeship, or have been employed in an Apothecary's shop for not less than two years.

That their age be not less than twenty years, nor more than twenty-six years; and that they are unmarried.

That they have actually attended an Hospital in London, Edinburgh, Dublin, or Glasgow, for twelve months, in which the average number of patients is not less than eighty.

That they have been engaged in actual dissections of the human body twelve months; the certificate of which from the teacher must state the number of subjects or parts dissected by the candidate.

That they have attended lectures, &c., on the following subjects, at established Schools of eminence, by Physicians or Surgeons of the recognised Colleges of Physicians and Surgeons, in the United Kingdom, for periods not less than hereunder stated; observing, however, that such lectures will not be admitted for more than two different branches of science, by one individual, viz.

| | |
|---|---|
| Anatomy | 18 months. |
| Surgery | 18 |
| Theory of Medicine | 6 |
| Practice of ditto | 12 |
| Clinical Lectures on the Practice of Medicine | 6 |
| Ditto on Surgery | 6 |
| Chemistry | 6 |
| Materia Medica | 6 |
| Midwifery | 6 |
| Botany | 6 |

If the lectures on the Theory and Practice of Medicine are given in conjunction, then the period required is 18 months.

By the Rules of the Service, no Assistant Surgeon can be promoted to the rank of Surgeon, until he shall have served three years in the former capacity, one year of which must be in a ship actually employed at sea; and it is resolved that not any diploma or certificate of examination from either of the aforesaid Royal Colleges, shall be admitted towards the qualification for Surgeon, unless the diploma or certificate shall be obtained on an examination passed after a period of not less than three years from the date of the party's admission into the service; and whenever Assistant Surgeons already in the Service (whose professional education may not be in accordance with the above) obtain leave to study previously to their passing for Surgeon, they will be required on their examination to produce testimonials of their having availed themselves of the period of leave to complete their education agreeably to these Regulations.

## METROPOLITAN COMMISSIONERS OF LUNACY.—OFFICE, 6, JOHN-STREET, ADELPHI.—*Established pursuant to 9 G. IV. c.* 41.

Right Hon. Lord Ashley, Sir R. H. Inglis, Bart., Sir G. Gray, Bart., R. Gordon, Esq., R. V. Smith, Esq., Colonel J. Clitheroe, E. Halswell, Esq., G. Hocklem, Esq., G. Clive, Esq., The Rev. D. G. Shepherd, J. W. Mylne, Esq., B. W. Roche, Esq., Dr. T. Turner, Dr. J. Bright, Dr. H. H. Southey, Dr. J. R. Hume, Dr. E. J. Seymour.

## COMMISSIONERS OF LUNATICS.—*Court of Chancery.*

T. Evance, Esq., Belmont-house, Vauxhall; W. Phillimore, Esq., 6, Stone-buildings, Lincoln's-inn; F. Whitmarsh, Esq., 7, New-square, Lincoln's-inn; E. Jacob, Esq., 4, New-square, Lincoln's-inn; E. Winslow, Esq., 16, York-street, Portman-square.

## ACT RELATIVE TO VISITORS OF LUNATICS.

By the Statute 3rd and 4th William IV. c. 36, the Lord Chancellor may appoint three persons, two of whom shall be physicians, and one a barrister-at-law, to be visitors, (at the annual salary of 500*l.* to each of the medical visitors, and 300*l.* to the legal visitor, and travelling expenses,) to superintend and report to him on the care and treatment of persons found idiots, lunatics, or of unsound mind, by inquisition. The visitors are, Dr. W. Macmichael, Dr. H. H. Southey, W. Phillimore, Esq.

And in case of the death or illness of such visitors, the Lord Chancellor may, by the 5th section of the act, appoint other persons in their stead.

By the 3rd section of the act, persons found idiots, &c., are to be visited at least once in each year by one of the medical visitors, and as often as the Lord Chancellor shall deem expedient.

By the 4th section, the visitors are to report to the Lord Chancellor on the care and treatment of such idiots.

### *Management of Lunatics.*

Statutes 5 and 6 William IV. c. 22, continues the provisions of the Statutes 2 and 3 William IV. c. 107, and 3 and 4 William IV. c. 64, for the care and treatment of insane persons in England, and which would shortly expire, for the further period of three years, and from the expiration of that period to the end of the then next session of Parliament.

# LONDON HOSPITALS.

Accidents, and cases of great emergency, are admitted at all times, without recommendation, into the London Hospitals. The days and hours of attendance are fixed by the medical officers themselves; some attend more, some less frequently, than is stated. Dr., M. D., and Esq., have been omitted in all cases, not out of discourtesy, but to save space, and because they are implied in the titles *Physician* and *Surgeon.* See page 87. An article in the Appendix contains all the statistical information that could be obtained from the London Hospitals. The number of patients treated has been added after each Dispensary.

## GENERAL HOSPITALS.

ST. BARTHOLOMEW'S HOSPITAL. —West Smithfield.—Founded by Henry VIII., 1539.

*Physicians.*—Hue, Mon. Sat. half-past 11.; Thurs. half-past 12; Latham, Mon. Tu. half-past 12, winter, 8 a. m., summer, Fri. 8 a. m.; Roupell, Mon. Wed. Fri. hf-pt. 12.—*Assistant-Physicians.*— Burrows, F. Farre, Jeafferson; one attends daily. *Surgeons.*—J. P. Vincent, Tues. Thurs. Sat. half-past 12; W. Lawrence, Mon. Wed. Fri. half-past 12: H. Earle, Tues. Fri. Sat. half-past 12. *Assistant-Surgeons.*—E. Stanley; E. A. Lloyd; F. C. Skey. *Apothecary.*—Mr. ———

Clinical Lectures are delivered by Latham, Lawrence, and Earle.

Patients are admitted on Thursdays at 11 o'clock, with recommendations. Outpatients, are seen daily, from 11 to 2 o'clock.

ST. THOMAS'S HOSPITAL, Southwark.—Founded by Edward VI. 1553.

*Physicians.*—(Hour of attendance, one o'clock.) — Williams, Mon. Thurs.; Roots, Wed. Sat.; Burton, Tues. Fri. *Assistant Physician.*—Lister, Tues. Th. at 11 o'clock. *Surgeons.*—B. Travers, Mon. Thurs.; J. H. Green, Wed. Sat.; F. Tyrrell, Tues. Fri. at half-past 1 o'clock. *Assistant - Surgeon.* — J. F. South, Mon. Wed. at 11 o'clock. *Apothecary.*—R. J. Whitfield.

In-patients are admitted on Thursdays, at half-past 10 o'clock. Physicians' outpatients are seen on Thursdays and Saturdays, at half-past 11 o'clock. Surgeons' out-patients are seen on Mondays and Wednesdays, at the same hour.

Clinical Lectures are delivered by Williams, Roots, and Burton; Travers, Green, and Tyrrell. *Operation-day,* Friday. *Post Mortem examinations* take place at 1 o'clock, under the superintendence of Dr. Barker.

GUY'S HOSPITAL.—Founded 1721, at the sole charge of Thomas Guy, and during his lifetime.

*Physicians.*—(Hour of Attendance, half-past 12.) Cholmeley, Mon. Thurs.; Back, Tues. Sat.; Bright, Mon. Fri.

*Physician for Out-patients.* — Addison, Daily. *Physician Accoucheur.*—Ashwell. *Consulting Surgeon.*—Sir A. P. Cooper. *Surgeons.*—C. A. Key, Mon. Thurs.; J. Morgan, Wed. Sat.; B. B. Cooper, Tues. Fri. *Surgeon for Out-Patients*—T. Callaway, Daily. *Apothecary.*—R. Stocker. *Curator of Museum,* T. Hodgkin.

Clinical Lectures are delivered.

Patients are admitted at 10 o'clock on Wednesdays; Physicians' out-patients are seen on Friday at 11 o'clock; and Surgeons' out-patients, on Thursday, at the same hour.

A portion of the building is appropriated for the reception of twenty-four incurable female lunatics.

There are two wards for the reception of persons labouring under diseases of the eye, under the care of J. Morgan, who prescribes for ophthalmic outpatients on Mondays and Fridays, at 12.

There is also a lying-in charity connected with this hospital, for providing poor women with attendance and medicines during their confinement.

*Physician Accoucheur.* — Ashwell. *Surgeon.*—T. Callaway. *Apothecary.*—Mr. Stocker.

WESTMINSTER HOSPITAL.-Founded 1715.—Broad Sanctuary, opposite the Abbey.

*Physicians.*—(Hours of Attendance, 12 o'clock.) — Bright, Tues. Fri.; Roe, Wed. Sat.; Burne, Mon. Thurs. *Assistant Physician.* — Basham, daily. *Consulting Surgeon.*—W. Lynn. *Surgeons.*—Sir A. Carlisle, Tues. Sat.: A.

White, Mon. Sat.; G. J. Guthrie, Thurs. Sat.; W. B. Lynn, Tues. Wed. Fri. Sat. *Assistant Surgeon.*—F. H. Thompson, Tues. Fri. *Apothecary.*—J. Thurnam.

In-patients admitted on Tuesdays, at 11; and out-patients seen daily, at 12.

Clinical Lectures by Roe, Burne, and Guthrie.

ST. GEORGE'S HOSPITAL, Hyde Park Corner. — Instituted, 1733. — Incorporated, 1834.

*Physicians.* — (Hour of Attendance, 1 o'clock.)—Chambers and Wilson, Mon. Wed. Fri.; Seymour and M'Leod, Tu. Thurs. Sat.; Hope, daily. *Surgeons.* —R. Keate. Sir B. C. Brodie, Mon. Wed. Fri.; C. Hawkins and G. G. Babington, Tues. Th. Sat. *Assistant Surgeons.*—R. B. Walker and E. Cutler, Daily. *Apothecary.*—Hammerton. *Assistant Apothecary.*—R. Bage.

Clinical Lectures are delivered by Seymour, M'Leod, Brodie, Hawkins, Babington, and Walker. Wilson lectures on Pathology, Hope on Auscultation, without any additional charge.

In-patients are admitted on Wednesdays, at 11 o'clock, on the recommendation of a Governor.

Physicians' out-patients are seen on Monday and Friday, at half-past 12. Surgeon's out-patients are seen daily, except Thursday, at 12.

*Operation Day.*—Thursday, 1 o'clock.

LONDON HOSPITAL, Whitechapel-road.—Instituted, 1740.—Incorporated, Dec. 9, 1758.—Supported by Voluntary Subscriptions.

*Physicians.* —(Hour of Attendance, 12 o'clock.) — Frampton, Mon. Thurs.; Billing, Tues. Fri.; Gordon, Wed. Sat. *Assistant Physicians.* — Cobb, Mon. Thurs.; Davies, Tues. Fri.; Frampton, jun. Wed. Sat. *Surgeons.*—J. G. Andrews, Mon. Thurs.; J. Scott, Tues. Fri.; J. Luke, Wed. Sat. *Assistant Surgeons.*—A. Hamilton, Tues. Fri.; J. Adams, Mon. Thurs.; T. B. Curling, Wed. Sat. *Apothecary.*—J. Williams. *Assistant Apothecary.*—King.

Clinical Lectures are delivered by Billing, Gordon, Scott, and Luke.

In-patients are admitted on Tuesdays, at 11 o'clock; out-patients are seen daily by their respective Physicians and Surgeons.

MIDDLESEX HOSPITAL, Charles-street, Tottenham-court-road. — Instituted, 1745.—Enlarged, 1834.

*Physicians.*—(Hour of Attendance, half-past 12 o'clock.)—F. Hawkins, Tues. Thurs. Sat.; Watson, Mon. Wed. Fri.: Wilson, Mon. Wed. Fri. *Physician Accoucheur.* — Ley. *Surgeons.* — H. Mayo, Wed. Sat.; J. N. Arnott, Mon. Thurs.; E. W. Tuson, Tues. Fri. *Assistant Surgeon.*— Shaw. *House Surgeons.*—Hawes and Glanville. *Apothecary.*—G. Corfe; salary, £120.

Clinical Lectures are delivered generally on Saturday. *Post-mortem* examinations are conducted by Mr. Shaw.

In-patients are admitted on the recommendation of a Governor, at 12 o'clock, on Tuesday; out-patients are seen on Thursday, at 12 o'clock, by the Physicians. *Operations* on Friday.

NORTH LONDON HOSPITAL,
St. Pancras.—Founded, 1834.

*Physicians* —Elliotson, Tues. Thurs. Sat. at 1 o'clock; A. T. Thomson, Mon. Wed. Fri., at 12; Carswell, Tues. Thurs. Sat., at 12. *Physician Accoucheur.*— Davis, Mon. Wed. Fri. at 12. *Hospital Assistant.*—Hogg. *Surgeons.*—Cooper, Tues. Thurs. Sat., at 1; Liston, Mon. Wed. Fri., at 1; R. Quain, daily, at 9. *Apothecary.*—J. Taylor. *House Surgeons.*—Holland and Pearce.

Clinical Lectures by Elliotson, A. T. Thomson, and Liston.

In-patients' admission day every Tuesday, at half-past eleven.

Persons afflicted with diseases of the eye attend on Mon. Wed. and Fri. at 9. Admitted without recommendation.

Married women are attended at their own habitations during their confinement and supplied with medicines, upon the recommendation of a Subscriber.

CHARING-CROSS HOSPITAL,
King William-street, Charing-cross. —
Built, 1831.

*Physicians.* — (Hour of attendance, 12 o'clock.)—Shearman, Mon. and Thurs., Golding, Tues. and Fri. *Visiting Physician.*—Chowne, Daily, half past 12 o'clock. *Surgeons.*— J. Howship, Mon. Wed. and Fri. *Dispenser of Medicines.*—Monteath.

In-patients are admitted on Mondays, at half-past 11 o'clock. Out-patients are seen daily.

Clinical Lectures are delivered by the Physicians and Surgeons. Fee to Physician's practice, nine months, ten guineas; eighteen months, fifteen guineas.

## HOSPITALS FOR PARTICULAR CLASSES.

SEAMAN'S FLOATING HOSPITAL.—Established in 1821.—Incorporated, in 1833.—Office, 19, Bishopsgate-street Within.

*Consulting Physicians.*—Seymour, Roupell. *Visiting Physician.*—Mower. *Consulting Surgeons.*—Dobson, Lawson: *Superintendent.*—Lieut. William Bowers, R. N. *Resident Surgeon.*—Busk. *Assistant Surgeon.*—Tuckett. *Apothecary.*—Hays.

The Hospital Ship, late his Majesty's Ship *Dreadnought*, 104 guns, is moored off Greenwich. Sick seamen, of every nation, on presenting themselves alongside, are immediately received, without any recommendatory letters.

### LONDON FEVER HOSPITAL,

Pancras-road.—Established in 1802.

*Physicians.*—Tweedie and Southwood Smith, 1824, who attend daily at their convenience. *Assistant-Physician.*—Crawford, 1833. *Consulting Surgeon.*—Lawrence, 1830. *Resident Medical Officer.*—Goodfellow: salary, 100 gs.

Average number of patients about 25. Beds 62.

Supported by voluntary contributions, and the payment of one guinea each for domestic servants of non-subscribers and parish paupers. Expenses from 1200*l.* to 1400*l.* Governed by a committee of governors, elected annually. Patients in the hospital last year (1835) 337. Died 52. A very useful Medical Report is published every year.

SMALL POX AND VACCINATION HOSPITAL, Battle-bridge, St. Pancras.—Instituted, 1746.

*Physician.*—Gregory. *Resident Surgeon and Apothecary.*—J. F. Marson.

1746-1834, small-pox patients treated, 26,969; during the year 1835, 401, of whom 88 died. 1746-1821, inoculated 48,062. Jan. 21. 1799-1834, vaccinated 92,395, during 1835, 4140. Expenditure 1835, £1011.

LOCK HOSPITAL, (for Venereal Cases only,) Grosvenor-place.—Instituted. 1740.

*Physician.*—Gairdner. *Surgeons.*—J. Briggs, R. B. Walker. *Assistant-Surgeon.*—E. Cutler. *Apothecary.*—J. P. Wall.

Patients are admitted, on recommendation of a Governor, on Thursday, at 12.

ST. LUKE'S HOSPITAL FOR LUNATICS.—Old-street.—Instituted, 1751.

*Physicians.*—Sutherland, Warburton. *Surgeon.*—J. Luke. *Resident Apothecary.*—S. Barnes.

Ten years, 1826-35—Average population, 232: total number of patients admitted, 1964 curables; 80 incurables: of the former 115, of the latter 87 died: 912 were discharged cured.

BETHLEM HOSPITAL FOR LUNATICS, St. George's Fields.—Incorporated by Henry VIII., and formerly stood in Moorfields; rebuilt in St. George's Fields, in 1815, at a cost of £100,000. Accommodation for 200 patients.

*Physicians*—Monro, Morrison. *Surgeon*—Lawrence. *Apothecary*—Thomas.

## INFIRMARIES.

### ST. MARYLEBONE INFIRMARY,

New-road, St. Marylebone.

*Physicians.*—Sims, Clendenning. *Physician Accoucheur.*—Lee. *Surgeons.*—R. A. Stafford, J. G. Perry. *House Surgeon.*—J. J. Day. *Assistant Surgeon* and *Apothecaries.*—C. Bernard; R. Boyd. Number of dispensers three. Number of beds in the Infirmary, 330. Number of patients admitted in 1834, 2607. The Infirmary is recognised at Apothecaries' Hall.

### ST. PANCRAS INFIRMARY.

*Physician.*—Willan. *Surgeon.*—Eastcott. *Consulting Accoucheur.*—Hemmings.

### ST. GEORGE'S INFIRMARY,

Mount-street.

*Physician*—Clark. *House Surgeon*—J. F. Fergus.

## DISPENSARIES.

BLOOMSBURY DISPENSARY, 62, Great Russell-street.—Instituted, 1801, for the sick poor, and to extend Cow Pox Inoculation.

*Physician*—Pinckard. *Surgeon*—S. Cooper. *Apothecary*—W. Lloyd.

Patients admitted, 1834 to 1835: Physicians', 2420; Surgeons', 882.

1802—1828. 54,312 patients relieved; of whom 7,785 at their own dwellings.

CHARITABLE FUND AND DISPENSARY, 13, Fore-street, Cripplegate.

*Physicians.*— Venables, D. Thompson. *Surgeon.*—G. H. Watson.

Patients treated in 1833; about 680. In 1834 they amounted to 820. In 1835, more than 1,200 were treated.

CHELSEA, BROMPTON, AND BELGRAVE DISPENSARY, 41, Sloane-street. Instituted 1812.

*Consulting Physician.*—A. T. Thomson. *Physician.*—Barr. *Surgeons.*—E. Bowden, W. Dickenson. *Accoucheurs.*—G. Woolley, J. Perry. *Apothecary.*—H. Green.

Patients treated in 1834, 2,293: during 23 years, 1812—1834, Physicians' patients, 22,095; Surgeons', 13,800; Midwifery, 1,644.

CITY DISPENSARY, 76, Queen-street, Cheapside.—Instituted 1788.

*Physicians.*—Rowland, Jones. *Surgeon.*—J. C. Taunton. *Apothecary.* — W. Honeywood.

Since the opening of this Dispensary, 1st January 1789, to December 31, 1335, there have been admitted 212,742 patients. Admitted during last year, (1835) 5,319 patients. At this time there are upwards of 500 patients under treatment. 73,490 have been attended at their own habitations.

EASTERN DISPENSARY, Great Alie-street, and for attending Pregnant Women at their own houses. Instituted 1782.

*Physicians.*—Southwood Smith. *Surgeon.*—H. Reynolds. *Apothecary.*—J. Comley.

Patients admitted 1783-1834, (fifty-two years,) 76,667; of whom, 8,415 were women delivered: including these, 17,000 persons were attended at their own houses. Reported deaths, 1,319. Cases treated 1833, 1,332.

FARRINGDON DISPENSARY AND LYING-IN CHARITY, 60, Snow-hill, Skinner-street.

*Physicians.*—H. Lee, Boyd. *Surgeons.*—P. Smith, J. F. Crookes. *Resident Apothecary.*—J. Jacob. *Consulting Accoucheur.*—Morley.

FINSBURY DISPENSARY, 29, St. John-street.—Instituted, 1780.

*Physicians.*—Campbell, John Thomson. *Surgeon.*—G. Macilwain. *Apothecary.*—W. G. Bartlett.

Practical illustrations by Clinical Lectures, medical and surgical, are given.

The average annual number of Patients treated, 4,000; under treatment, 600.

FREE DISPENSARY,
1, Blenheim-street, Oxford-street.—Instituted 1834.

*Physicians.*—Litchfield, Thomson. *Physician Accoucheur.*—Richmond. *Surgeons.*—T. King, W. B. Costello, W. H. Mayne. *Resident Surgeon.*—W. Jones. *Consulting Surgeon.*—G. J. Guthrie.

May 1834, to August 1836, 4,396 patients admitted.

ST. GEORGE'S AND ST. JAMES'S DISPENSARY, 64, King-street, Golden-square.—Founded 1816.

*Consulting Physician.*—G. Gregory. *Consulting Surgeon.*—S. D. Broughton. *Physicians.*—Webster, Kingston. *Surgeons.*—J. F. Palmer, W. H. Good. *Physicians Accoucheurs.*—Sir J. Eyre, E. Dew. *Apothecary and Secretary.*—S. Banner.

Patients treated, 1834, 1,915: 1835, 2,178; and since the foundation, (1817—35) 43,231.

GENERAL DISPENSARY,
36, Aldersgate-street.—Instituted 1770.

*Consulting Physician.*—J. S. Whitshed. *Physicians.*—Yeats, R. Rowley, Bennett. *Surgeons.*—C. Caswell, R. B. Wyatt. *Apothecary.*—D. N. Stable.

Patients admited in the last seven years, 1829-35, 30,440; sixty-six years, 1770—1835, 225,745; reported deaths, 6,287. In the year 1835, 5,359, including 775 patients visited at their own homes, were admitted.

GREVILLE FREE HOSPITAL,
*Greville-street, Hatton-garden.*

*Consulting Physician.*—
*Surgeons.*—W. Marsden, W. G. Jones, J. Gay.

Patients (chiefly out-door) in the eight years, 1828-35, 32,109.

ISLINGTON DISPENSARY. — Instituted 1821.

*Physicians.*—Holland, Bradley. *Sur-*

*geons.*—J. Bishop, W. Beaumont. *Apothecary.*—Harrison.

1821-1836 (15 years), total patients admitted, 38,630; deaths reported, 844. June 1835, to June 1836, one year, treated, 4,160; died 75. Expenditure last year, £393.

### LONDON DISPENSARY, Church-st. Spitalfields. Instituted 1777.

*Consulting Physician.* — Cobb. *Physicians.*—Catherwood, Frampton, jun. *Surgeon.*—R. R. Robinson. *Apothecary.*—W. Gayton.

Admitted with letters of recommendation in fifty-nine years, 1777-1835, 170,048; reported deaths, 2540; admitted as casualties, 12,331. Total number, 182,379.

### MARYLEBONE GENERAL DISPENSARY, Welbeck-st. Instituted 1786.

*Physicians.* — Bartlet, Macreight. *Accoucheur.* — Davis. *Surgeons.* —T. Berry, F. Samwell. *House Surgeon and Apothecary.*—E. Moss.

In forty-nine years, 77,435 patients admitted. In 1835, Physicians' patients admitted, 1,218; Surgeons', 367; midwifery, 205; reported deaths, 30.

### NORTHERN DISPENSARY, 9, Somers'-place, West, New-road. Instituted 1810.

*Physicians.*—T. Thompson, Stroud. *Consulting Physician.*—Roget. *Physician Accoucheur.*—D. D. Davis. *Surgeon.*—J. Bishop. *Resident Apothecary.* — Seaton.

Patients treated from 1st of January to 31st of December, 1834, 1,875.

### PUBLIC DISPENSARY, Bishop's-court, Chancery-lane. 1782.

*Physicians.* — Waterfield, 1828, Byrn, 1828. *Surgeons.* — J. Briggs, 1806, A. M. Wagner, 1829. *Apothecary.*—Mr. Wagner.

Operation Day, Saturday. Admission every day.

Patients treated in the ten years, 1826-35, 46,000; attend daily, 70.

### SCOTTISH HOSPITAL IN LONDON.

*Physicians.*—G. Darling, J.C. Somerville, J. Webster, R. M'Leod. *Surgeons.* J. Wardrop, R. Davidson.

The poor of Scotland, resident in London and Westminster, or within four miles thereof, are attended at their own homes, upon application being made to the Secretary, Mr. Auld, at the Scots' Hall, Crane-court, Fleet street, by one of the above gentlemen, medical officers of the institution.

### SURREY DISPENSARY, Union street, Southwark.

*Physicians.*—Whiting, 1825, Davis, 1836, Barlow, 1836, Hughes, 1836. *Surgeons and Accoucheurs.*—J. A. Gilham, 1813, G. Pilcher, 1829. *Apothecary.*— J. Staddon.

Out-patients admitted during the ten years, 1826-35, 46,538; of which 5,747 were midwifery cases.

### SOUTH LONDON DISPENSARY. Melina-place, Westminster-road. 1821.

*Physicians.*—Hughes, Mitchell. *Surgeons.*—T. E. Bryant, T. Ware, R. H. Brett. *Resident Apothecary.*—E. Nettleford.

Ten years. 1822-1831, patients admitted, Physicians', 6,427; Surgeons', 2115. Deaths reported, 261.

### TOWER HAMLETS' DISPENSARY, 40, Ratcliffe-highway.—Instituted 1792.

*Physician Extraordinary.*—Cobb. *Physician.*—Fox. *Physician Accoucheur.*—Ramsbotham. *Surgeon.*—M. Toulmin. *Apothecary.*—J. S. Darby.

Patients admitted, 1792-1832, 40,905: including 4,736 Midwifery cases. Deaths reported, 1,430.

### WESTERN DISPENSARY. Charles-street, Westminster.—Instituted 1789.

*Consulting Physician.*—Macninnon. *Attending Physicians.*—M. Ryan, R. B. Todd. *Surgeon.*— J. Malin. *Consulting Accoucheur.*—N. M'Cann. *Apothecary.*— Firth.

Clinical Lectures by the Physicians.

Patients admitted A.D. 1835, 4,407; 451 were cases of midwifery; 850 were attended at their own habitations. During the 46 years, 1789-1835, patients admitted, 93,102; reported deaths, 2,441. 24,148 of the patients were attended at home.

### WESTMINSTER GENERAL DISPENSARY, 9, Gerrard-street, Soho.—Instituted 1774.

*Consulting Physicians.* — Henderson, M'Leod. *Physicians.*—Domeier, Lilburn. *Physicians Accoucheurs.* — Merriman, Granville. *Consulting Surgeons.*—T. Copeland, A. C. Hutchinson. *Surgeons.*—R. Wade, P. Fernandez. *Surgeon Apothecary.*—W. Wade. Patients treated in one year, 4,632.

WESTERN GENERAL DISPENSARY, Lisson Grove, South, New-road. Instituted 1830.

*Consulting Physicians.*—Marshall Hall, A.T. Thompson. *Consulting Surgeons.*—Sir B.C. Brodie, E. Stanley. *Medical Officers in Ordinary.*—A. Anderson, E. Barker, J. C. Cox, E. Coleridge. *Resident Apothecary.*—W. Robins.

1835. — Admitted by letter, 1,206, of whom more than 300 were visited at their own houses; accidents, 189; 1,036 cases of emergency relieved without letters. In six years, 1830-35, admitted by letter, 6,377; urgent cases, 6,120. Two accident-wards, one for males, another for females, are attached to this dispensary.

## LYING-IN CHARITIES.

BRITISH LYING-IN HOSPITAL for Married Women, Brownlow-street, Long-Acre. Instituted 1749.

*Consulting Physician.*—Foley. *Physicians.*—H. Davis, R. Lee. *Surgeon.*—B. Brookes.

CITY OF LONDON LYING-IN HOSPITAL, City-road. Instituted 1750.

*Physician.*—Conquest. *Consulting Surgeon.* — W. Coulson. *Surgeon and Accoucheur.*—T. F. Rance.

During eighty-six years, (1750-1835,) 32,330 women were delivered; of the children, 16,976 were males, 15,739 females; 400 twins, 2 triplets. In 1835, 473 women were delivered; 7 died.

NEWMAN-STREET GENERAL LYING-IN INSTITUTION, for Delivering and Assisting with Money poor Married Women, at their own habitations, 90, Newman-street, Oxford-street.—Established in 1787.

*Consulting Physician.* — Lee. *Surgeon Accoucheur.*—Tucker.

QUEEN CHARLOTTE'S LYING-IN HOSPITAL, Manor House, Lisson-green.—Instituted 1752.

*Consulting Physicians.*—Roget, Copland. *Physician and Accoucheur.* — Ashburner. *Surgeon Accoucheur.* — J. Sweatman. *Assistant Surgeon Accoucheur.*—J. Cholmondeley.

1752-1834, more than 50,000 women delivered. In 1832, women delivered in the hospital, 217; at home, 345. In 1833, delivered in the hospital, 130; at home, 334. Expenditure 1832, £1,006; 1833, £909.

GENERAL LYING-IN HOSPITAL, York-road, Lambeth. Instituted, 1765. Incorporated 1830.

*Consulting Physician.*—Locock. *Physicians and Accoucheurs.* — H. Lee, E. Rigby, R. Fergusson. *Surgeon.*—J. P. South.

ROYAL MATERNITY CHARITY, for delivering Poor Married Women at their own Houses, 17, Little Knight Rider-street, City.—Instituted, 1757.

*Consulting Physician.* — Ramsbotham. *Physician Men-midwives.* — Davis, Ramsbotham, Blundell. *Assistant-Surgeon Men-midwives.* — W. Griffith, B. Kenny, W. Griffith, W. Hughes, W. A. Walford, D. Lewis, J. A. Hingeston, E. Smith, J. Ryan, W. Major, C. Gaselee, J. R. Ward.

SOUTHWARK LYING-IN INSTITUTION, 18, Devonshire buildings, New Dover-road. 1826.

*Physician Accoucheur.*—R. Lee. *Consulting-Surgeons.*—R. D. Grainger and G. Pilcher. *Surgeons Accoucheurs.*—J. Shea, G. Sanders, D. Stolworthy, and D. O. Edwards.

FINSBURY MIDWIFERY INSTITUTION, 29, St. John-street, Clerkenwell. 1823.

*Physician Accoucheur.*—Blundell. *Consulting Surgeon.*—A. Macilwain.

LONDON MIDWIFERY INSTITUTION.—Instituted, 1828.

*Consulting Physician.* — Roberts. *Consulting Accoucheur.*—Waller. Women delivered, 1828-33, 3644.

THE ROYAL LYING-IN HOSPITAL. —10, Queen-street, Windmill-street, Haymarket.

*Physician Accoucheur.*—C. Jewel. *Sur-*

*geon Accoucheur.*—G. Pearson. *Assistant Accoucheur.*—J. Edwin. *Surgeon and Apothecary.*—W. H. Cory.

The Hospital contains 25 beds; and last year more than 1000 women were delivered.

### GUY'S HOSPITAL LYING-IN CHARITY. *(See page 60.)*

## DISPENSARIES FOR CHILDREN.

### ROYAL METROPOLITAN HOSPITAL, (late Infirmary,) for Sick Children, Broad-street, Golden-square. 1820.

*Consulting Physician.*— Granville. *Physicians.* — Tweeddale, Lilburn. *Consulting Surgeon.*— A. C. Hutchinson. *Surgeons.*—R. Davey, C. Wing. *Apothecary Resident.*—F. D. Tothill.

Attendance daily from One till Two. Vaccination every Tuesday and Saturday. Patients treated, May, 1835, to May, 1836,—Medical, 2733; Surgical, 1709; Total, 4442. A Medical Report is published.

### ROYAL UNIVERSAL INFIRMARY, for Children, Waterloo-road. 1816.

*Consulting Physicians.* —Copland, Todd. *Physicians.* — Davis, Lawson, Cape. *Consulting Surgeon.* — J. A. Gillham. *Surgeons.* — W. C. Dendy, E. Doubleday, J. Farish. *Apothecary.*

## INSTITUTIONS FOR VACCINATION.

### NATIONAL VACCINE ESTABLISHMENT.

8, Russell-place, Fitzroy-square.

*President.*—The President of the College of Physicians. *Physician.*—The Senior Censor of ditto. *Surgeon.*—The President of the College of Surgeons. *Inspector of Vaccinators.*—J.T. Simpson. *Vaccinating Surgeons.* — J. C. Carpue, Russell-place; F. Agar, 141, High-street, Whitechapel; C. Aikin, 7, Baker's-buildings, Liverpool-street; J. Barnett, Charterhouse-square; J. A. Gillham, Surrey Chapel; J. Harkness, Broad-street, Ratcliff road; E. Leese, Baker-street; W. Lewis, Spital-square; R. Semple, 2, Rafford's-row, Islington; H. Sterry, Grange-road; Ward, 7, Wellclose-square.

Medical practitioners, in all parts of the empire, may be supplied with the vaccine lymph, without any expense, from the National Vaccine Establishment; but the applicants are requested to report the number vaccinated from the former supply. Letters of application for lymph, and communications respecting vaccination, are to be addressed—" To the Registrar of the N. V. E., 8, Russell-place, Fitzroy-square:" and inclosed in an outside cover, directed thus:—" To the Rt. Hon. the Secretary of State for the Home Department, Whitehall.—National Vaccine Establishment."

### ROYAL JENNERIAN AND LONDON VACCINE INSTITUTION, Providence-row, Finsbury.—Instituted, 1806.

Vaccinated at the Stations of the Institution during the past year, (1835) by Dr. Epps:—

| | |
|---|---|
| Head Vaccine House, 18, Providence-row, Finsbury-square... | 3,453 |
| Union Court, Holborn Hill........ | 2,858 |
| St. John's Church, Horsleydown... | 1,557 |
| | 7,868 |

## OPHTHALMIC INSTITUTIONS.

### LONDON OPHTHALMIC INFIRMARY, Moorfields.—Instituted 1805.

*Physician.*—J. R. Farre. *Surgeons.*—F. Tyrrell, J. Scott. *Assistant Surgeons.*—G. Macmurdo, J. Dalrymple. *Apothecary.*—Martin.

Two years, 1833-1834, admitted in-door patients, 108, out-door patients, 10,609, operations for cataract, 106; successful 98. Expenditure, in 1834, £858.

### ROYAL WESTMINSTER OPHTHALMIC HOSPITAL, Chandos-street, Covent-garden. 1817.

*Surgeon.*—G. J. Guthrie.

Patients admitted during 18 years (1817-34) 24,208: in 1833, 1986; in 1834, 2100 were admitted, and in the two years 90 were operated on for cataract; the operation is said to have been unsuccessful in only four cases.

ROYAL INFIRMARY FOR CATARACT AND OTHER DISEASES OF THE EYE, 13, Little Portland-street, Cavendish-square.

*Consulting and Operating Surgeon.*—J. Stephenson.

8272 patients are said to have been treated in four years, 1831-34.

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ROYAL INFIRMARY FOR DISEASES OF THE EYE, Cork-street, Burlington Gardens.—Instituted 1804.

*Operating Surgeon.*—H. Alexander.
*Assistant Surgeon.*—H. Alexander, jun.
*Consulting Physician.*—Sir H. Halford.

In the years 1805-1833, patients admitted 52,078; operated on for cataract, 1889; 1757 of the operations terminated successfully: 148 were on persons born blind. According to this statement, Alexander is successful in 17 cases out of 18: 7 per cent. failed. March, 1833-1834, 1949 patients received; 44 operations for cataract performed; 42 of which proved successful,

## VARIOUS INSTITUTIONS.

ROYAL DISPENSARY FOR DISEASES OF THE EAR. Instituted 1816.
10, Dean-street, Soho-square.

*Aurist.*—J. H. Curtis.
1816-1834, patients admitted, 8,720.

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SCHOOL FOR INDIGENT BLIND, St. George's Fields. Established 1799. Incorporated 1826.

*Physician.*—Back. *Consulting Surgeon.*—M. Ware. *Surgeon and Apothecary.*—S. H. Sterry.

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CHRIST'S HOSPITAL, Newgate-street, for the Support and Education of Children of deceased Citizens. Founded by Edward VI., 1532.

*Physician.*—Hue, M. D. *Surgeon.*—E. A. Lloyd. *Apothecary.*—T. Stone. *Dentist.*—W. Fox.

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CHARITY TO THE BLIND. Established 1774. Christ's Hospital, London. The Rev. W. Hetherington, in his lifetime, enabled the Governors to pay annuities of £10 to each of fifty blind persons, in the hope that his example would be followed by other benevolent characters; and from additions made to Mr. Hetherington's fund, by deed of gift and by will, the Governors are this year enabled to extend the annuity to upwards of 588 persons.

Printed petitions for any blind persons duly qualified, may be obtained at the counting-house of the Hospital, upon the personal application of a friend, from the 7th of Oct. to the 3rd of Nov., in every year. Without the following qualifications application will be entirely fruitless:—Birth and residence in England, to the exclusion of Wales and Berwick-upon-Tweed; age,—fifty-five years and upwards; residence,—three years in their present abode; and total blindness during that period; income, if any, must be under £20 per annum. Those deemed objects for parish relief are excluded from the benefits of these Charities, which are intended "for those who have been reputably brought up, and who want some addition to what they have, to make life more comfortable under the misfortune of blindness.

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CITY OF LONDON TRUSS SOCIETY, 76, Queen-street, Cheapside.—Instituted in 1807.

*Surgeon.*—J. C. Taunton.

Patients relieved by this Society during 28 years (1808-35) 87,923: of 83,584 patients, 67,798 were males, 15,786 were females. An interesting report is published. Since its origin it has received £48,619.

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RUPTURE SOCIETY, Golden-square. 1804.

*Surgeon.*—G. Babington.

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SOCIETY FOR THE RELIEF OF THE RUPTURED POOR, 7, Wellington-street, Borough. 1796.

*Honorary Surgeons.*—T. Callaway and J. Dashwood.

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ASYLUM FOR THE SUPPORT AND EDUCATION OF INDIGENT DEAF AND DUMB CHILDREN, Kent-rd. —Instituted 1792.

*Physicians.*—Birkbeck, Babington.
*Surgeons.*—T. Callaway.

229 children. Annual Expenditure £5,939, or £26 each child.

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LONDON FEMALE PENITENTIARY, Pentonville. 1807.

*Physicians.*—Uwins and Conquest. *Oculist.*—Ware. *Consulting Surgeon.*—G. Babington. *Surgeon and Apothecary.*—J. Hunter. *Matron.*—Mrs. Cooper.

| SCHOOLS. | ANATOMY. | ANATOMICAL DEMONSTRATIONS. | BOTANY. | CHEMISTRY. |
|---|---|---|---|---|
| *Aldersgate* | Skey<br>3g. 5g. 7g.<br>Daily 2½ p. m. | Skey, Rees, White<br>3g. 5g. 7g.<br>Daily, 9 a. m. | Pereira, Quekett<br>3g. —, 4g. | Pereira<br>3g. 5g. 6g.<br>T.Th.S. 10 a.m. |
| *St. Bartholomew's Hospital.* | Stanley<br>5g. 9g. 10g.<br>Daily, 2½ p.m. | Wormald<br>3g. —, 10g.<br>Daily, 9 a. m. | Farre<br>3g. —, 4g. | Brande, Griffiths<br>4g. 5g. 8g.<br>M.W. F.10 a. m. |
| *Blenheim-street* | King, Wilson<br>3g. 4g. 5g.<br>Daily, 3 p. m. | Wilson, Jones<br>3g. 4g. 5g,<br>Daily, twice. | Toase<br>2g. 2g. 3g. | Thomson<br>3g. 4g. 5g.<br>every other day |
| *St. George's Hosp.* | See Grosvenor-place, and Kinnerton-street. | See Grosvenor-place, and Kinnerton-street. | Dickson<br>3g. —, 4g.<br>M.T.W. Th.F.<br>11¼ | *Royal Institution.*<br>—, 6g. 8g.<br>Tu. Th. Sa.<br>9 a. m. |
| *Grosvenor-place* | Lane<br>3g. 6g. 8g.<br>Tu. W. Th. F. S.<br>2½ p. m. | Harrison, Lane<br>3g. 6g. 8g.<br>Daily, 10½ a. m. | Hayes<br>—, 3g. 4g. | *Royal Institution.*<br>4g. 6g. 8g.<br>T. Th. S. 9 a. m. |
| *Guy's Hospital.* | B. Cooper, Cock<br>5g. 9g. 10g.<br>Daily, 2. p. m. | Cock, Hilton<br>3g. —, 10g.<br>Daily, 11 a. m. | Johnson, Bird<br>—, 3g.<br>Tu. Th. Fr. 12. | Aikin, Taylor<br>4g. 6g. 8g.<br>Tu. Th. Sa.<br>¼ to 10 a. m. |
| *Hunterian, Windmill-street.* | Lucas<br>4g. —, 6g.<br>M. Tu. W. Th. F.<br>3 p. m. | Lucas, Savage<br>—, 3g. 4g.<br>M. Tu. W. Th. F.<br>11 a. m. | Epps<br>—, 2g. 3g.<br>M. T.W. Th. F.<br>9 a. m. | Hunter, Lane<br>—, 5g. 7g.<br>M. T. W. Th. F.<br>7 p. m. |
| *King's College* | Todd<br>4g. 8g. 9g.<br>Daily. 3 p. m. | Partridge<br>4g. 8g, 9g.<br>Daily, 10¼ a. m. | Don<br>3g. —, 4g.<br>T.Th.S. 9 a.m. | Daniell<br>4g. 7g. 10g.<br>M. W. F. 2 p.m. |
| *London Hospital* | Luke, Hamilton, Adams<br>5g. 8g. 10g.<br>Daily, 2½ p. m. | Adams<br>3g. —, 10g.<br>Daily, 11 a. m. | Pereira, Quekett<br>3g. —, 4g. | Pereira<br>4g. —, 8g.<br>M. W.F. 10 a. m. |
| *Middlesex Hosp.* | Tuson, Shaw<br>4g. 6g. 10g.<br>Daily, 2 p.m. | Tuson, Shaw, Lonsdale<br>4g. 6g. 10g.<br>Daily, 11 a. m. | Macreight<br>—, —, 3g.<br>Daily, 9 a. m. | Everitt<br>5g. 6g.<br>M. W. F. 10 a. m. |
| *St. Thomas's Hosp.* | Macmurdo, Solly<br>5g. 8g. 10g.<br>Daily, 2½ p. m. | Travers, jun., Clark<br>—, 5g. 8g.<br>Daily, 10 a. m. | Hayes<br>3g. —, 4g.<br>Daily, 9 a. m. | Phillips<br>4g. —, 6g.<br>T.Th.S. 10 a. m. |
| *Univ. College* | Sharpey<br>4l. 7l. 10l.<br>M. Tu. W. Th. Fri.<br>2 p. m. | Quain<br>3l. 5l. 8l.<br>Daily, 11 a. m. | Lindley<br>3l. —, 6l.<br>T. Th. S. 9 a.m. | Turner<br>4l. 7l. 10l.<br>Daily, 10 a. m. |
| *Webb-street* | Grainger, Pilcher<br>8g. 10g.<br>Daily, 2½ p. m. | Barron<br>—, 3g. 5g.<br>M.T.W.Th.F.11 ¼ a. m | Dickson<br>3g. —, 4g.<br>¼ to 9 a. m. | Cooper<br>—, 5g. 6g.<br>T.Th.S. ¼ to 10 |
| *Westminster Hosp.* | Malyn, Hilles<br>—, 6g. 8g.<br>M. Tu. W. Th. F.<br>2½ p. m. | Malyn, Hancock<br>—, 5g. 7g.<br>Tu. W. Th. Fr. S.<br>10 a. m. | Edwards<br>—, 3g.<br>M. W. F. S.<br>6 p. m. | Crump<br>—, 5g. 6g.<br>T. Th. Sa. 9 a.m. |

Also, at Aldersgate School, Mechanical Philosophy, Birkbeck.—Comparative Anatomy, Grant, 1g.
St. Bartholomew's, Medical Physics, Griffiths, 1g.—Comparative Anatomy, A. Farre, 1g. 2g.
King's College, Comparative Anatomy, Jones, 2g. 4g.
Guy's Hospital, Morbid Anatomy, Hodgkin, 2g.—Compar. Anatomy, T. Bell, 2g.

| Materia Medica. | Medical Jurisprudence. | Medicine. | Midwifery. | Surgery. |
|---|---|---|---|---|
| Pereira<br>3*g*. —, 4*g*.<br>M. W. F. 3½ p. m. | Cummin<br>2*g*. —, 3*g*.<br>M. W. 10 a. m. | Hope<br>4*g*. —, 5*g*.<br>M.W.F. 8¼ p. m. | Walford<br>3*g*. 4*g*. 5*g*.<br>M.W.F. ¼ to 6 p.m. | Skey<br>3*g*. —, 5*g*.<br>M. W. F. 7 p. m. |
| Roupell<br>—, 4*g*. 6*g*.<br>T. Th. S. 10 a. m. | Burrows, Roupell<br>3*g*. —, 4*g*.<br>T. Th. 3½ p. m. | Latham, Burrows<br>4*g*. —, 6*g*.<br>Tu. T. S. 10 a. m. | Hugh Ley<br>3*g*. —, 5*g*.<br>T.Th.S. 7 p. m. | Lawrence<br>—, 5*g* 7*g*.<br>M. W. F. 7 p. m. |
| Weatherhead,<br>3*g*. 4*g*. 5*g*.<br>Every other day. | Litchfield, Theobald<br>—, 2*g*. 3*g*. | Litchfield, Weatherhead<br>—, 4*g*. 5*g*.<br>Every other day. | Richmond, Hemming<br>—, 3*g*. 5*g*.<br>Every other day. | King<br>—, 3*g*. 5*g*.<br>4 days a-week. |
| Seymour, Macleod<br>3*g*. 5*g*. 6*g*.<br>T.Th.S. 11½ a.m. | Hope<br>3*g*. —, 4*g*.<br>Mon. F. 6 p. m. | M‘Leod, Seymour<br>3*g*. 5*g*. 6*g*.<br>M. W. F. 11½ a.m. | Robert Lee<br>3*g*. —, 5*g*.<br>M.W.F. 9 a.m. | Hawkins, Babington<br>—, 3*g*. 5*g*.<br>M. W. Fr. 8 p. m. |
| Wood, Ancell,<br>3*g*. —, 5*g*.<br>M.W.F. 11½ a.m. | Broughton, Willcock<br>—, 3*g*. 4*g*.<br>Tu.Th. 6 p. m. | Wilson, Wood<br>3*g*. —, 5*g*.<br>M.W.F. 8 p. m. | Stone, Davies<br>—, 3*g*. 5*g*.<br>M.W.F. 9 a. m. | Liston, Walker<br>3*g*. 5*g*. 9*g*.<br>M. W. F. 7 p. m. |
| Addison,<br>3*g*. —, 4*g*.<br>T.Th. S. 3½ p.m. | Taylor<br>—, 3*g*. 4*g*.<br>M.F. ¼ to 10 a. m. | Bright, Addison<br>4*g*. 6*g*. 8*g*.<br>M. W. F. 5½ p. m. | Ashwell<br>3*g*. 5*g*, 10*g*.<br>Daily, 8½ a. m. | Key, Morgan<br>3*g*. —, 5*g*.<br>Tu. Th. F. 8 p.m. |
| Epps,<br>—, 3*g*. 5*g*.<br>M.T.W.T.F. 9 a.m. | Hunter, Lane<br>—, 2*g*. 3*g*.<br>M.W.F. 8 p. m. | Ryan<br>—, 4*g*. 5*g*.<br>M.T.W.T.F. 4 p. m. | Ryan<br>—, 3*g*. 4*g*.<br>Tu.Th. S. 7 p. m. | Wardrop<br>—, —, 5*g*.<br>M.W.F. 7 p. m. |
| Royle,<br>3*g*. 5*g*. 6*g*.<br>M. W. F. 11 a.m. | Fergus<br>3*g*. —, 4*g*.<br>Tu. Th. 3 p. m. | Watson<br>3*g*. 5*g*. 6*g*.<br>T. Th. S. 7 a. m. | Ferguson<br>3*g*. 5*g*. 6*g*.<br>T.Th.Sat. 11 a.m. | Arnott<br>4*g*. —, 6*g*.<br>M. W. F. 7 p. m. |
| Pereira<br>3*g*. —. 4*g*.<br>T. Th.S. 3½ p.m. | Frampton, Ramsbotham<br>3*g*. —, 4*g*.<br>Sat. 3½ p. m. | Davies, Cobb<br>4*g*. 6*g*. 7*g*.<br>Tu.Th. F. 3½ p. m. | Ramsbotham<br>3*g*. 5*g*. 7*g*.<br>T.Th.S. 10 a. m. | Scott<br>3*g*. —, 5*g*.<br>M. W. F. 7 p. m. |
| Macreight<br>3*g*. —, 5*g*.<br>Tu. Th. S. 9 a.m. | Leighton<br>—, 3*g*. 4*g*.<br>Tu. W. Th. F. 11. | Copeland<br>3*g*. 5*g*. 6*g*.<br>M. T. Th. F. 3 p.m. | Sweatman<br>3*g*. —, 5*g*.<br>M. W. F. 9. a.m | Mayo<br>—, 3*g*. 5*g*.<br>M. W. F. 7 p. m. |
| Burton<br>4*g*.<br>M.W.F.S. 4 p.m. | Lister<br>3*g*. —, 4*g*.<br>Tu. Fr. 12. | Williams<br>3*g*. 5*g*. 6*g*.<br>M.W.F. 11 a. m. | Rigby<br>3*g*. 5*g*. 6*g*.<br>M.T.W.T.F. 9. p.m. | Travers, Tyrrell<br>—, 3*g*. 5*g*.<br>W. 7. M. F. 8 p. m. |
| A. T. Thomson<br>3*l*. 6*l*. 9*l*.<br>Daily, 3 p.m. | A. T. Thomson.<br>2*l*. 10*s*.<br>Th. Th. 4½ p. m. | Elliotson<br>3*l*. 6*l*. 8*l*.<br>Daily, 8 a. m. | Davis<br>3*l*. 5*l*. 7*l*.<br>Daily, 9 a. m. | Samuel Cooper<br>—, 4*l*. 10*s*. 6*l*.<br>M. W. Th. 7 p.m. |
| Whiting, Everitt<br>3*g*. —, 4*g*.<br>T. Th. S. ¼ to 4. | Smith, Cooper<br>3*g*. 4*g*. 5*g*.<br>T. Th. ¼ to 4 p.m. | Whiting<br>—, 4*g*. 6*g*.<br>M.W.F ¼ to 4 p.m. | Ramsbotham<br>3*g*. 5*g*. 6*g*.<br>M. W.F. ¼ to 7 p.m. | Pilcher<br>—, 3*g*. 5*g*.<br>Tu. Th. S. 7 p. m. |
| Steggall<br>3*g*. 4*g*. 5*g*.<br>M.W. F. 11 a. m. | Crump<br>—, 3*g*. —,<br>M. Th. 10 a. m. | Burne<br>—, 5*g*. 6*g*.<br>M. W. F. 9 a. m. | North, Griffith<br>3*g*. —, 5*g*.<br>T. Th. S. 11 a. m | Guthrie, Thomson<br>—, 5*g*. 6*g*.<br>M. Tu. W. 5 p. m. |

London Hospital, Comparative Anatomy, Little.—Morbid Anatomy, Curing.
St. Thomas's Hospital, Morbid Anatomy, Barker.
University College, Compar. Anatomy, Grant, 4*l*. -Morbid Anatomy, Carswell,—Veterinary Med. Youatt, 3*l*. 5*l*. 7*l*.

# PRIVATE MEDICAL LECTURES IN LONDON.

*Theatre of Anatomy*, Little Windmill-street. Lectures on *Anatomy, Physiology, Pathology, Surgery*, by Mr. Smith. Daily, at half-past 2, P.M.—3 g., 10 g. *Midwifery*, Dr. Jewel, 7, P.M.—3 g,. 5 g.

*Theatre of Anatomy*, Kinnerton-street, Wilton-place. *Anatomy* and *Physiology*, Mr. Tatum, Mr. H. J. Johnson. Daily, at half-past 2, P.M.—6 g., 8 g. *Demonstrations*, Mr. H. J. Johnson, Mr. H. C. Johnson. Daily, at half-past 10, A.M.—6 g., 8 g.

No. 3, Westmoreland-Buildings, Aldersgate-street. Dr. Roberts lectures on *Medicine*, Mondays, Wednesdays, and Fridays, at 10, A.M.—3 g., 5 g.

No. 32, Spring Gardens. Dr. Collier lectures on *Medicine* and *Materia Medica*. Daily, at 11, A.M. —4 g., 10 g.

No. 72, Euston-square. Mr. Barnes lectures on *Materia Medica*, Mondays, Wednesdays, and Fridays, at a quarter past 3, P.M.—2 g., 4 g. *Medical Jurisprudence*, Tuesdays and Thursdays, at a quarter past 3, P.M.—2 g., 4g.

No. 73, Harley-street. Mr. E. Riadore lectures on *Practice of Medicine, and Operations of Surgery*, June to Sept. On *Spinal Affections, Distortions, and Malformations*, March.

No. 8, Grafton-street, Fitzroy-square. Mr. Farr will lecture on *Hygiene* and on *Medical Jurisprudence*, in the summer.

*Charing Cross Hospital*. Lectures on *Medicine*, by Dr. Shearman, Monday, Wednesday, and Friday, at 11, A.M.—3 g., 5 g. *Midwifery*, Dr. Chowne. Monday, Wednesday, and Thursday, at 6, P.M.—3 g., 5 g. *Morbid Anatomy*, Mr. Howship. Each succeeding Thursday, at 5, P.M.—2 g., 4 g. *Surgery*, Mr. Howship, 3 g., 4 g.

*Free Hospital*, Greville-street, Hatton Garden. Winter session—*Anatomy, Physiology, and Pathology*, by Mr. G. Jones. Daily, at half-past 2, P.M. *Demonstrations*, by Mr. G. Jones. Daily, at 9, A.M. *Theory and Practice of Physic*. by Dr. Venables. Mondays, Wednesdays, and Fridays, at 5, P.M. *Materia Medica and Therapeutics*, by Dr. Cutherwood. Mondays, Wednesdays, and Fridays, at 11, A.M. *Chemistry*, by Dr. Venables and Mr. Bishop. Tuesdays, Thursdays, and Saturdays, at 11, A.M. *Midwifery, and the Diseases of Women and Children*, by Dr. Waller. Tuesdays and Thursdays, at a quarter to 4, P.M.

Summer session—*Forensic Medicine*, by Dr. Venables and Mr. Bishop. *Practical Chemistry*, by Dr. Venables. *Natural Philosophy*, by Mr. Bishop. *Botany*, by Mr. Francis. *Comparative Anatomy*, by Mr. G. Jones. Perpetual to all the lectures, 30 g.

*Lectures on Midwifery*, 93, Bartholomew-close. Dr. Waller will continue his lectures every Monday and Friday, at a quarter before 6, P.M. Fee for attendance during both sessions, 4 g.

# TABLE OF FEES AT EIGHT LONDON HOSPITALS.

| HOSPITALS. | PHYSICIAN'S PRACTICE. | | | | | | SURGEON'S PRACTICE. | | | | SURGEON'S DRESSER. | | | | Amount of Fees for the attendance required by the College of Surgeons, and the Apothecaries Company. | | Fees which entitle the Student to all the Privileges of the Hospitals. | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Nine Months. | | Twelve Months. | | Unlimited. | | Six Months. | | Twelve Months. | | Six Months. | | Twelve Months. | | | | | |
| | £. | s. | £. | s. | £. | s. | £. | s. | £. | s. | £. | s. | £. | s. | £. | s. | £. | s. |
| St. Bartholomew's . . . | 12 | 12 | 15 | 15 | 31 | 10 | 18 | 18 | 26 | 5(1) | 37 | 16 | 52 | 10 | 42 | 0 | 84 | 0 |
| St. George's . . . . . | 12 | 12 | 16 | 16 | 25 | 4 | 15 | 15 | 21 | 0 | (3) | | — | | 37 | 16 | 77 | 14 |
| Guy's . . . . . . . . | — | | 15 | 15 | 24 | 4 | 20 | 0 | 26 | 6 | 32 | 12 | 51 | 2 | 50 | 10 | 75 | 6 |
| London . . . . . . . | — | | 10 | 10 | 21 | 0 | — | | 21 | 0 | 21 | 0 | 31 | 10 | 42 | 0 | 52 | 10 |
| Middlesex . . . . . . . | 12 | 12 | 15 | 15 | 22 | 0 | 15 | 15(4) | 21 | 0 | 21 | 0 | 31 | 19 | 43 | 0 | 53 | 11 |
| North London . . . . | 10 | 10 | 15 | 15 | — | | 10 | 10 | 15 | 15 | (5) | | — | | 26 | 5 | 26 | 5 |
| St. Thomas's . . . . . . | — | | 15 | 15 | 24 | 3 | 20 | 0 | 26 | 6 | 32 | 12 | 51 | 2 | 50 | 9 | 75 | 5 |
| Westminster . . . . | 12 | 12 | 15 | 15 | 21 | 0 | 12 | 12 | 21 | 0 | (6) | | — | | 36 | 15 | 42 | 0 |

In addition to these Fees, a fee of about £1 1s. is usually paid to the Apothecary of the Hospital.

(1) Surgical Pupils paying for twelve months are allowed to attend an unlimited time.

(2) Pupils entering to the Surgeon's practice are entitled to dress.

(3) Pupils entering for twelve months to the Surgeon's practice, are entitled to dress for three months; the perpetual pupils for six months, and to become candidates for the office of House Surgeon. For unlimited attendance as a Surgical Pupil, the fee is £52 10s.

(4) A Surgeon's pupil may dress for three months, by paying £10 10s. extra. The House Surgeons are selected from the Dressers according to the date of entering.

(5) Unlimited attendance on the Physician's and Surgeon's practice, £26 5s. Twelve months, £21. Six months, £10 10s. House-Surgeons and Dressers are selected from the Surgeon's pupils, according to the honours they have gained in the University; they are not required to pay any additional fees.

(6) Pupils entering to the Surgeon's practice, are allowed to dress, and those who enter for twelve months, may attend for an unlimited period. A surgical pupil at the end of twelve months may, if approved by the Surgeons, become House Surgeon, on paying £105.

As attendance for eighteen months on the medical practice of an Hospital is now rendered necessary by the regulations of the Apothecaries' Society, pupils must enter *perpetual* to the Physician's practice at all the Hospitals, except St. George's, St. Bartholomew's, and Westminster, where the fee for eighteen months remains the same as it was formerly for twelve months.

# ON THE APPOINTMENT OF DRESSERS, CLINICAL CLERKS, AND HOUSE SURGEONS,[*] IN THE LONDON HOSPITALS.

The practice of demanding one uniform fee at the Hospitals, and publicly granting the office of dresser, clinical clerk, or house surgeon to the most meritorious students, deserves universal adoption. Whether these places are sold, or given to the *senior pupil*, the result is the same; no stimulus to exertion is offered; honour and reward are associated, not with industry, but with the acquisition of money, in the mind of the medical officers, and the possession of money in the mind of the pupils. The award of the office of house surgeon as a prize would have an excellent effect on all the students: while it would confer a substantial advantage on the successful candidate, by enabling him to prolong the period of his studies, and to make his first essays in practice under the guidance of enlightened and considerate witnesses. Medals are given in some schools—why withhold offices which would at once be a public mark of approbation, afford the student facilities for further research and achievement, and be a valuable means of making the public institutions of the country conducive to the general good? It is well known that the *internes* of the French hospitals have for some time been chosen by *concours*, and that the system works well.

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[*] The office of *Apothecary* in the London Hospitals corresponds generally with the office of House Surgeon and Apothecary in the Country Hospitals.

## UNIVERSITIES, COLLEGES, &c.

UNIVERSITY COLLEGE, Gower-street. Established, 1827, for the Education of Youth, without distinction of Religious Sect.

*President of the Senate.*—His Grace the Duke of Somerset, F.R.S. *Council.*—*J. Booth, Esq.; *Dr. Boott; Lord Brougham; S. Duckworth, Esq.; W. Ewart, Esq.; D. Gaskell, Esq. M.P.; *I. L. Goldsmid, Esq.; G. B. Greenough, Esq.; *E. N. Hurt, Esq.; J. Leader, Esq.; The Right Hon. Dr. Lushington; J. R. Mills, Esq.; J. L. Prevost, Esq.; J. Romilly, Esq.; H. C. Robinson, Esq.; J. Smith, Esq.; *The Duke of Somerset; E. Strutt, Esq.; *W. Tooke, Esq.; C. A. Tulk, Esq.; H. Warburton, Esq.; H. Waymouth, Esq.; T. Wilson, Esq.; J. Wood, Esq. *Curator of Museum.*—Dr. Carswell.—*Secretary.*—C. C. Atkinson, Esq. *Accountant.*—J. P. Kennell, Esq.

The Council meets on the first Saturday in every month, at 4 P.M.; the Committee of Management every Wednesday, at 9 A.M.

This Institution is supported by the fees of Students: the annual Expenditure is usually 3500*l*.

* The Members marked thus * are of the Committee of Management.

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KING'S COLLEGE, LONDON, *Somerset House.—Established*, 1828.

*Patron.*—The King. *Visitor.*—The Archbishop of Canterbury. *Perpetual Governors.*—The Lord Chancellor; Archbishop of York; Bishop of London; Lord Chief Justice of the King's Bench; Secretary of State for the Home Department; Speaker of the House of Commons; Lord Mayor of London; Dean of St. Paul's; Dean of Westminster.

*Life Governors.* — Duke of Rutland, K.G.; Duke of Northumberland, K.G.; Duke of Wellington, K.G.; Marquess of Bute; Marquess Camden, K.G.; Marquess of Bristol, K.G.; Earl Brownlow; Lord Bexley. *The Council.* — The Governors and Treasurer; Earl of Ripon; Bishop of Winchester; Sir Lancelot Shadwell, Vice Chancellor; Sir Nicholas C. Tindal, Lord Chief Justice; William Astell, Esq.; Alderman John Atkins; Rev. C. Benson, M.A.; Sir B. C. Brodie, Bart.; Archdeacon Cambridge; Sir Astley P. Cooper, Bart.; Sir George T. Staunton, Bart. M.P.; William Cotton, Esq.; Rev. G. D'Oyly, D.D.; Lord Henley; Right Hon. Henry Hobhouse; Sir Robert H. Inglis, Bart. M.P.; Edward Hawke Locker, Esq.; Rev. John Lonsdale, B.D.; Right Hon. Sir J. Nichol; Sir Charles Price, Bart.; Sir John Richardson; Rev. George Shepherd, D.D. *Treasurer.*—Ald. Wm. Thompson, M.P. *Principal of the College.*—Rev. W. Otter, M.A.

## UNIVERSITY OF OXFORD.

### PROFESSORS.

*Regius Professor of Medicine, founded by Henry VIII.* 1535.—John Kidd, M.D. *1822, stipend 40*l.*; also the Mastership of the Hospital at Ewelme. *Natural Philosophy.*—Geo. Leigh Cooke, B.D. 1810. *Tomlin's Prelectorship of Anatomy, founded* 1623.—John Kidd, M.D. *Botany, founded* 1632 and 1793.—C. G. B. Daubeny, M.D., 1834. *Earl of Lichfield's Clinical Medicine,* in Radcliffe's Infirmary.—J. Adey Ogle, M.D., 1830.

The Aldrichian Professorships were founded in 1803, by Dr. G. Aldrich, a physician of the county of Nottingham.

*Medicine.*—J. Adey Ogle, M.D., 1824.— *Anatomy.* — John Kidd, M.D., 1822. *Chemistry.*—C. G. B. Daubeny, M.D., 1822.

An Anatomical Lectureship was founded about the year 1750, by M. Lee, M.D. Two courses of Lectures in Anatomy are given every year in the Anatomical School at Christ-church, one in Lent, the other in Michaelmas Term, by J. Kidd, M.D.

*Reader in Mineralogy and Geology.*— W. Buckland, D.D., 1813 and 1818,

No bodies have been dissected at Oxford for some years.

*Bachelor's Degrees.* — In medicine, all Students (besides undergoing the same examination appointed for Bachelors of Arts) are to be examined by the Regius Professor of that faculty and two Examiners, of the degree of Doctor in Medicine, who are to be appointed by the Vice Chancellor, in the theory and practice of Medicine, in Anatomy, Physiology, and Pathology; in the Materia Medica, as well as in Chemistry and Botany, so far as they illustrate the science of Medicine, and in two, at least, of the following ancient medical writers, Hippocrates, Aretæus, Galen, and Celsus.

For a Doctor's degree in Medicine, a dissertation upon some subject, to be approved by the Professor of Medicine, is to be publicly recited in the Schools, and a copy of it afterwards delivered to the Professor.

To become a Bachelor of Medicine, a man must first graduate as Master of Arts: in eight years he may become a Bachelor of Medicine, licensed to practise: in eleven years an M.D. On an average, three annually take the degree of Bachelor of Medicine.

The *Bodleian Library* is one of the largest and the most valuable in Europe.

The *Radcliffe Library* is very rich in works of Natural History and Medicine; £1000 are occasionally expended on books in a year.

## UNIVERSITY OF CAMBRIDGE.

*Regius Professor of Physic,* founded by Henry VIII., 1540; salary £40 per annum. *Principles of Pathology and Practice of Physic.* — J. Haviland, M.D., 1817.

The course begins at the division of the Lent Term, and continues till the division of the Easter Term; it consists of about fifty lectures. Fee, five guineas first course; afterwards gratis.

*Chemistry,* founded 1702; salary £100.— Professor J. Cumming, M. A., 1815. *Astronomy and Experimental Philosophy.* — G. B. Airy, M.A., 1828. *Anatomy,* founded 1707; salary £100.—W. Clark, M.A., 1817.

Fifty Lectures delivered in the Michaelmas and Lent Terms, (after the division of each) between the hours of one and two. Fees, five guineas for each of two courses; afterwards gratis.

The pupils have the opportunity of dissecting in private. The Museum consists of several hundred preparations, and a series of anatomical models in wax, executed, under the direction of the present Professor, at Florence and Bologna. New buildings have lately been erected for an Anatomical Museum, with a lecture-room and dissecting-rooms.

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* Year the Professor was appointed.

*Botany:* founded 1724; salary £200.—J. S. Henslow, M.A., 1825.

These Lectures are delivered during the Easter Term. The Professor occasionally makes herborising excursions with his class.

*Geology.*—A. Sedgwick, 1818. *Natural and Experimental Philosophy.* — W. Farish, M.A., 1813; salary £160 per annum. *Downing Professor of Medicine:* founded 1800: salary £200 per annum.—Cornwallis Hewett, M.A., 1814. Lectures on Pathological Anatomy in Michaelmas Term.

One body was dissected at Cambridge in 1833.

### PROCEEDINGS IN PHYSIC.

A student, before he can proceed to the degree of Bachelor in Physic, must have entered on his sixth year, have resided nine terms, and have passed the previous examination, (one of the Four Gospels or the Acts of the Apostles, in the original Greek; Paley's Evidences of Christianity; one of the Greek, and one of the Latin classics.) The exercises for this degree are one act and one opponency.

Candidates for the degree of M.B., in addition to an examination by the Regius Professor of Physic, and a diligent attendance on a complete course of his lectures, are required to produce certificates of examination by the Professors of Anatomy, Chemistry, and Botany; also to have attended a course of the lectures of each of these Professors, in case the courses of the two former may have extended to fifty lectures each, and of the latter to twenty.

All candidates for this degree, must, before passing their examination, deliver to the Regius Professor a certificate of diligent attendance on the practice and lectures of some well-known hospital for the space of two years.

Bachelors in Physic may be admitted *Licentiates* in the term next following that in which they have taken their degree, after examination by the Regius Professor, and another Doctor in the faculty.

Every candidate for M.D. pays the Professor for this act £7; and for M.D., 11 g. for the two acts which are required.

A man must have had his name on the book 6 years, and have kept about eighteen terms, before he can graduate as a Bachelor of Medicine. Between the years 1818 and 1834, the number of Graduates was ninety-eight; about five were rejected. Before becoming an M.D., a man must be of ten or eleven years standing in the University; about five take this degree annually; none are rejected.

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## ACADEMIE DE PARIS, FACULTE DE MEDECINE.—*Doyen à la Faculté, Orfila.*

*Anatomie*—Breschet. *Anatomie Pathologique*—Cruveilher. *Chimie Médicale*—Orfila. *Matière Médicale et Thérapeutique*—Baron Alibert. *Hygiène*—Baron Desgenettes. *Pharmacie*—Deyeux. *Pathologie interne*—Dumeril, Andral. *Pathologie externe*—Marjolin, Gerdy. *Opérations et appareils*—Baron Richerand. *Accouchemens, Maladies des femmes et des enfans*—Moreau. *Médecine légale*—Adelon. *Clinique interne*—Fouquier, Chomel, Bouillaud, Rostan. *Clinique externe*—Roux, Cloquet Jules, Velpeau. *Pathologie et Thérapeutique générale* — Broussais. *Physique Médicale* — Pelletan. *Histoire Naturelle Médicale* — Richard. *Physiologie*—Berard. *Clinique d'Accouchements*—Paul Dubois.

Before obtaining inscriptions for the degree of Doctor of Medicine the student must graduate as *Bachelier es Lettres;* the examination for which, turns on the Latin and Greek Classics, History, Mathematics, Natural Philosophy, and Chemistry. Knowledge, and no evidence of having been present at lectures, is demanded; but the particular lecturers are generally attended at the Sorbonne and College of France, which are open to the public, and free. The fee for examination is 60 francs. An inscription every three months (trimestre) for four years, or sixteen inscriptions must be taken out by the candidate for the Doctor's degree; and each inscription costs 50 francs (2*l.*) Five examinations are passed previous to supporting the Thesis; the first on natural phiolsophy, chemistry, botany, and pharmacology; the second, on anatomy and physiology; the third, on surgery and medicine; the fourth on medical jurisprudence, hygiene, therapeutics, and materia medica; the fifth, on practical medicine and surgery. These examinations [are passed after the eighth, tenth, twelfth, fourteenth, and sixteenth inscriptions successively; they are publicly conducted by two professors and an agrégé: the fee, on an average, is 50 fr. An order of attending lectures is recommended, but not prescribed; the ridiculous practice of condemning all minds to investigate the sciences in the same order never occurring to the enlightened Parisian professors; in general, however, the lectures are attended which are immediately called for by the succeeding examination. Students may, and sometimes do offer themselves for examination the day after rejection. Some inconveniences are found to attend the examination at intervals, on individual branches of science; the student, by *cramming* for a month, gets up one or two subjects superficially, for an examination; and at the time of taking his degree, may know nothing at all, for instance, of Chemistry; but the advantages of the present form preponderate.

One may pass as *Officier de Santé*, by taking out twelve inscriptions, (3 years,) for each of which thirty francs are paid; or by producing certificates of having studied for double the time at a secondary school, or under a private practitioner. Foreigners, by taking out inscriptions in the same way, are entitled to the same privileges as natives of France; the offices of "Internes" and "Externes" in the hospitals, answering nearly to our House Surgeons and Dressers, are obtained by concours, to which foreigners are also eligible as candidates. The *Internes* are allowed partial board, lodging, firing, and 400 fr. a year. With a diploma, free cards of admission may be obtained to all the Lectures.

Subjects in Paris cost, when entire, seven francs: three and a half francs when opened; and still less when mutilated. The cold, comfortless, and horrible dissecting rooms of the Ecole Pratique, and La Pitié, where putrifying bodies lay as in a charnel house, have given place to warm and exceedingly convenient halls. The dissecting rooms lately erected at Clamart, situated out of Paris, are resorted to in summer. Spacious rooms for experimental Chemistry have also been built at the *Ecole Pratique*, where the students are instructed in manipulation gratuitously, and without distinction: a practice which deserves universal adoption in our schools.

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*Huddersfield.*—J. K. Walker, M.D.

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*Swansea.*— G. G. Bird, Esq.

*Warwick.*—J. Conolly, M.D., T. Hiron, Esq., C. Wake, M.D.

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*Worcester.* — T. Carden, Esq., J. J. Feild, M.D., C. H. Hebb, Esq., J. Malden, M.D., J. Nash, M.D., M. Pierpoint, Esq., J. Rayment, Esq., R. I. N. Streeten, M.D.

*Wolverhampton.*—G. Edwardes, Esq., T. Fowke, Esq., T. Fowke, jun. Esq., J. F. Proud, Esq.

*Wrexham.*—T. Griffith, Esq.,

*Honorary Members.*—J. Abercrombie, M.D., Sir C. Bell, and J. S. Trail, M.D., Edinburgh; Sir A. P. Cooper, London.

*Honorary Corresponding Members.*—

J. F. Dieffenbach, M.D., Surgeon to the Charite, and Professor of Surgery in the University of Berlin; N. Lebeau, M.D. Physician in Ordinary to the King of the Belgians, First Physician to the Military Hospital at Brussels; H. C. Lombard, M.D. Joint Physician to the Hospital at Geneva; F. Nasse, M.D., Professor of Clinical Medicine in the University of Bonn; C. J. Nieuwenhuys, M.D., Amsterdam, Correspondent for Holland; J. Scott, Esq. Colonial Surgeon, Hobart Town, Van Diemen's Land, Correspondent for Australasia; M. Seoane, M.D., Member of the Council of the University of Salamanca, and late Member of the Spanish Cortes, Correspondent for Spain.

The Association now numbers nearly 1,000 Members. They will next meet at Cheltenham, in July, 1837. Dr. Bardsley, of Manchester, will read the Retrospective Address. Four volumes of their Transactions are published. An *Eastern* and a *Southern Branch Association* have been formed; and, as we are writing, there is a Meeting in Southwark for the purpose of forming a *British Medical Association.*

## MEDICAL BENEVOLENT SOCIETY.

Dr. Barlow read the Report of the Committee appointed to prepare the rules and obtain subscriptions for the Benevolent Fund. The regulations placed the Fund simply on the basis of a Benevolent Society. Donations announced, £199; subscriptions, £49 7s.

## PROVINCIAL HOSPITALS.

The information concerning the Provincial Hospitals, Medical Schools, and Medical Societies, has been collected with considerable trouble, and is for several places very complete; from a few no return was obtained; where only the Medical Officers for 1835 were known, this date will be found between parentheses. The date of election is placed after the name of the Medical Officers; where the House Surgeon's salary is stated, it will be understood that he lives in the house. On the days of admission, patients are received with recommendations; *accidents* are received at all times; if *acute* diseases and fevers were received on the same condition, more would, probably, be treated in the Hospitals.

Last year considerable difficulty was experienced in settling the titles of the Medical Officers; as a general rule, M.D. was placed after the names of Physicians, and Esq. after the names of Surgeons; but this rule was often broken, by copying the names and titles as they stood in the Reports and the letters of correspondents, or by attempting to reduce these to the rule. The resulting confusion has been justly criticised by one of the oldest and most esteemed surgeons in the west of England; who concludes by remarking, that "the omission of Mr., Dr., Esq., M.D., which may always be permitted in a statistical work, would save whole pages." We are glad to have authority so respectable for this bold measure, and hope no offence will be taken.

The titles have generally been added after the officers of Societies, to distinguish the medical from other members. The contractions will be understood without difficulty. For the statistics of the larger Hospitals, see the Supplement. The orthography of proper names (so difficult to print) will, it is hoped, be found more accurate than last year; but any errors pointed out shall be corrected in the next Almanack.

## AYLESBURY GENERAL INFIRMARY. 1833.—Beds, 24.

*Physician.*—Edmunds, 1833. *Surgeons.*—R. Ceely, 1833; W. Hayward, 1833; J. H. Ceely, 1833; H. Hayward, 1835. *House Surgeon.*—J. Flesher, 1833. Salary, 55*l.*, and premium with house pupil, except 20*l.* paid yearly to the Governor.

The *Medical Library*, established 1835, and supported by twenty-three subscribers at a guinea each, contains 300 volumes. Dr. Radcliff's trustees having given 1000*l.* to the Institution, it is expected that the Governors will contribute handsomely to its support; the books become their property.

## BATH.

### HOSPITAL, 1742.—Beds, 133.

*Physicians.* — E. Barlow, 1819; J. B. Daniell, 1830; T. S. Watson, 1834. *Surgeons.* — G. Kitson, 1817; R. F. George, 1827; G.L.Wood, 1836. *House-Apothecary.*—E. Skeate.

The Bath Hospital is open to all persons suffering from diseases capable of being benefited by the Bath Waters, such as nervous derangements, in which the brain is not materially affected, diseases of the skin, palsy from lead, and dyspeptic complaints; acute cases, or cases considered incurable, are not admitted. When application is made for admission, it must be accompanied by a medical report, containing the name, age, and parish of the patient; a brief history of the disease; and a correct representation of the general health. Each patient is placed under the care of a physician and a surgeon, who attend conjointly twice a week, and admit applicants weekly.

UNITED HOSPITAL, founded for the poor of the city and its vicinity, by the junction of the *Bath City Infirmary and Dispensary* and the *Bath Casualty Hospital* in 1826.—Beds 83.

*Physicians.*—E. Barlow, W. Bealy, E. B. Harman. *Surgeons.*—G. Norman, J. S. Soden, R. W. Brown. *Apothecary.*—J. Crosby. *House Surgeon.*—J.G.Passmore.

The appointment of resident House Surgeon is filled by one of the senior pupils; he holds the office for one year. The patients—chiefly acute cases—are seen daily by their respective physicians and surgeons, who also admit patients, and see *out*-patients in daily rotation. *Out-patients* are admitted without recommendation, "and the advantage is great;" those who cannot attend are seen at home.

A valuable *Anatomical Museum* is attached to this hospital; and a course of *Anatomical Lectures* is given every winter by Mr. Norman and Mr. Gore. The *Library* already contains some hundred volumes.

*Anatomical Theatre*, Bartom Buildings. Dr. Cowan and Mr. Spender lecture on Anatomy at 9 o'clock on Tuesdays, Thursdays, and Saturdays. Fee, Three Guineas.

Lectures on Auscultation and Percussion are delivered during the winter by Dr. Cowan at the Institution for Diseases of the Chest.

There is a Literary and Scientific Institution in Bath.

### MEDICAL SOCIETY.

Members meet the first Friday in October, November, December, January, February, March, and April, at 7 p.m. Reading Room, Prince's Buildings.

### CHARITABLE SOCIETY FOR LYING-IN WOMEN.

*Physician.*—E. Barlow. *Consulting Surgeon.*—W. J. Church. *Surgeons Accoucheurs.*—J.F. Barnard, W. R. Baynton, R. G. Mager.

### DORCAS LYING-IN CHARITY.

*Physician.*—Bowie. *Surgeon and Accoucheur.*—G. King.

### INFIRMARY *for Diseases of the Eye* — 1811.

*Physician.*—C. Greville. *Consulting Physician.*—J. F. Davis. *Surgeon.*—J. S. Soden.

One year, 1835, patients admitted, 649; twenty-four years, 1812—35, 11,174. Expenditure 1835, 99*l.* 14*s.*

### EAST AND NORTH WALCOTT DISPENSARY.

*Physician.*—W. Irvine. *Surgeons.*—J. F. Barnard, D. A. Fowles, M. Thompson.

Expenditure 1835, 181*l.* 13*s.*

## BEDFORD INFIRMARY.

The Infirmary was founded in 1830;

and enlarged in 1831, principally through the exertions of the late Dr. Joseph Thackeray. It will hold 100, and now contains 90 beds.

*Physicians.* — G. Witt, 1832; W. R. Mesham, 1835. *Surgeons.*—J. Harris, 1832; I. Hurst, 1832. *Consulting Surgeons.*—C. Short, 1803; J. Pulley, 1830. *House Surgeon.*—T. Chapman, 1832. Salary, 63*l.*, and the premiums of two pupils, except 25*l.* paid by each to the Governors. Few pupils are now at the Infirmary.

The Physicians and Surgeons attend every Wednesday and Saturday, when out-patients are seen, and in-patients are admitted or discharged.

The Library of the Infirmary contains about 1300 volumes; and is supported by guinea subscriptions of 30 members. The Governors of the Infirmary only subscribe 10*l.*; yet the Library becomes their permanent property.

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## BIRMINGHAM.

### GENERAL HOSPITAL.

*Physicians.* — B. Davies, Eccles, J. Johnstone. *Surgeons.* — Hodgson, Jakes, Wood.

(No return obtained this year.)

### SCHOOL OF MEDICINE AND SURGERY, 1836-7.

The Birmingham General Hospital and Dispensary are open to Students under the usual regulations, and clinical Lectures, with Pathological illustrations, will be given by J. Johnstone, Eccles, and B. Davies.

The essays "On the influence upon health of alcoholic drinks as an article of diet, including the consideration whether any quantity of any kind be necessary for the maintenance of health in those who are engaged in laborious occupations," premium Ten Guineas, offered by the Rev. J. A. James, to be sent in on or before January the 1st, 1837. The essays "On the capillary blood-vessels, viz., their division, conformation, situation, communication, structure, physical and vital properties, functions, and morbid anatomy," premium Ten Guineas, offered by J. Upfill, Esq., to be sent in on or before September 1st, 1837.

#### LECTURES.

*Anatomy, Physiology, and Pathological Anatomy*, W. S. Cox; 3 g., 10 g. Daily, at one o'clock. *Anatomical Demonstrations*, G. Elkington; 2 g., 6 g., T. W. Th. F. S., a quarter to nine, a.m. *Chemistry.* J. Woolrich; 3 g., 7 g. Tu., Th., S., six P.M. *Materia Medica*, J. Johnstone, M., T., W., Th. F., four P.M.; 3 g. 5 g. *Medicine*, J. Eccles, 3 g., 7g. M., W., F., six P. M. *Forensic Medicine*, J. Birt Davies; 3 g. 5 g. Daily, five P M. *Midwifery*, J. Ingleby; 3 g. 6 g. M., T., W., Th., F., a quarter to eight, A. M. *Botany*, G. B. Knowles; 3 g. 5 g. Daily, four P.M. *Surgery*, W. Sands Cox; 3 g. 5 g. M., W., F., seven P.M.

Connected with the School are Museums of Human and Comparative Anatomy, Pathology, Natural History, and Materia Medica, and a Library containing upwards of 900 volumes.

The Botanical Class have free admission to the Birmingham Botanical and Horticultural Gardens.

### EYE INFIRMARY.—1823.

*Surgeons.*—J. J. Ledsam, R. Middlemore, Dr. W. Compton. *Consulting Surgeon.* —J. Hodgson.

March, 1834-5, one year—Patients admitted, 1,504; since April, 1824, 17,516.

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## BRIDGEWATER.

### INFIRMARY.—Founded 1813, enlarged 1819.—Beds 35.

*Surgeons.*—J. Toogood, 1813; J. G. Toogood, 1835; J. C. Parker, 1835. *House Apothecary.*—C. Price. Salary 45*l.*

In-patients pay 2*s.* a week towards their board; out-patients attend on Wednesday and Sunday, or every day, if necessary, at nine o'clock.

### EYE DISPENSARY.

Erected in 1834, by J. Toogood, Surgeon, and supported solely at his expense. It contains four beds, and would contain many more; a spacious room, serving as a library and museum, is attached.

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## BRIGHTON.

### SUSSEX COUNTY HOSPITAL, AND GENERAL SEA-BATHING INFIRMARY. 1828.—(The Physicians and Surgeons elected 1828.)

*Physicians.*—Sir J. G. Knight, T. Blair, T. Yates. *Surgeons.*—H. Blaker, R. Tayler, J. Lawrence. *House Surgeon.* —E. J. Furner, 1831 (1835.)

### BRIGHTHELMSTONE DISPENSARY. 1809.

*Physicians.*—Hake, 1834; *Surgeons.*—B. T. Seabrook, 1832; Richardson, 1834. *Medical Assistant.*—Ferrari, 1835.

Two years, July, 1833-35—Patients admitted, 4,729; deaths reported, 103. Expenditure, 1,199*l.*

LYING-IN INSTITUTION, and Dispensary for the Diseases of Women and Children.

*Physician Accoucheur.* — P. M. Lyons. *Surgeon Accoucheurs.*—Simonds, 1836; Wilton, 1836.

One year, 1835, labours, 271; dispensary patients, women, 191; children, 491. Expenditure, 119*l.*

## INFIRMARY FOR DISEASES OF THE EYE.—1832.

*Physician.*—Jenks. *Surgeons.*—Pickford, Seabrook.

One year, 1835, patients admitted, 276. Expenditure, 45*l.*

## BRISTOL.

### INFIRMARY.—1736.

*Consulting Physician.*—A. Carrick. *Physicians.*—J.C.Prichard, 1821; G. Wallis, 1822; J. Howell, 1829; H. Riley, 1835. *Surgeons.*—R. Smith, 1796; W. Hetling, 1807; R. Lowe, 1807; N. Smith, 1816; J. Harrison, 1836. *House Surgeon and Apothecary.*—F. Leman, 1833. Salary, 142*l.*

Each Physician is allowed to have three pupils; who severally pay him 15 guineas, and the Charity 5 guineas for 15 months' attendance. The in-door apprentices' fee to a surgeon is 500 guineas; out-door, 300 guineas. Dressers pay 50 guineas the first year, and 40 the next; each surgeon has three. There are no walking pupils. During the week of each Surgeon, one of his pupils is boarded in the house; for *this* an apprentice pays 25*l.*, a pupil, 5*l.*, the year. Days for receiving patients M. and W., at one o'clock.

The Physicians and Surgeons are bound to see the patients twice a week. On S. the Surgeons meet, and go round together; a proceeding which is found to be highly advantageous. The Lecturing-room will hold 60 persons. Wallis, Riley, Hetling, and Harrison, deliver lectures here regularly; the other officers occasionally.

The Pathological Museum is a deposit from Mr. Smith, and contains several preparations of great interest. It is particularly rich in specimens of Necrosis; and the collection of biliary concretions is very extensive. The Urinary Calculi, however, constitute the chief attraction. The collection rivals most of the public deposits; and certainly eclipses every private one in the kingdom. The specimens are admirably displayed, and in all respects are in perfect order. The whole Museum is a great acquisition to the Hospital, and reflects much credit upon the industry, the skill, and scientific ardour of its author.

The operating Theatre is commodious and well lighted: its gallery will contain 100 spectators, and is often full; the Faculty exercising a most exemplary liberality towards their brother practitioners.

By the official returns made to the Parliamentary Inquiry, it appears that there are annually 1,300 casualties, of which about 700 are of consequence; and 67 operations. There are generally 200 patients in the house. The average number of patients admitted is,—in-patients, 1,500; out-patients, 6,000. The average expenditure is from 5,000*l.* to 6,000*l.*

There is a licensed room for anatomical purposes, with every convenience; here, also, post mortem examinations take place on all cadavera, unless circumstances forbid it.

The Medical Library was founded in 1826, by Mr. Richard Smith, followed by Mr. Lowe. Dr. Howell has also contributed largely, and at present the collection is extensive, and contains a great many modern and very valuable books.

### GENERAL HOSPITAL.—1832.

*Physicians.*—Symonds, Fripp; elected at the opening of the Hospital. Attend (alternately) on T., W., F., and S., at eleven, A. M.; and on M. and Th., on their respective admission weeks. *Surgeons.*—J. G. Wilson, G. D. Fripp, H. Brigstroke, J. G. Lansdown; elected at opening of Hospital. Two former attend on Th. and F.; two latter on W. and S., at one. One of the Surgeons also attends in rotation on M. and Th. to admit patients.

The Medical Officers are elected for ten years, and no one is re-eligible to the vacancy caused by his own retirement.

*House Surgeon-Apothecary.*—W. Lang. Salary, 60*l.* per annum; and 60*l.* out of every house-apprentice's fee.

Clinical Lectures are required by the rules to be given by every Medical Officer; they are delivered as opportunities occur.

Pupils.—Three allowed to each Physician and Surgeon, pay 5 guineas annually to the Institution; and Physician's pupils pay 15 guineas for eighteen months' medical practice; none are admitted for a shorter time. Surgeon's pupils, 15 guineas for twelve months' surgical practice. All surgical pupils are dressers.

Honorary Surgeon-Apothecary is allowed two apprentices. Fee, 200*l.* to the House, and 60*l.* to the House Surgeon, for five years. They may witness operations, but not become dressers.

A self-supporting Dispensary is attached to the Hospital.

## MEDICAL SCHOOL.

*Anatomy and Physiology.* — Riley, H. Clark. Daily, at eight, A. M. One session 5 g., perpetual 9 g. *Surgery* — H. Clark, G. D. Fripp. M., W., F., at six P. M. 3 g. 5 g. *Materia Medica.* — J. Bernard, Symonds. M., Tu., Th., Fr., at ten A. M. 5 g. 7 g. *Chemistry.*— Herapath. W., Th., F., S., at nine, A.M. 6 g. 8 g. *Anatomical Demonstrations.*— G. H. Hetling. Daily, at a quarter to three, P. M. 3 g. 6g.

*Lectures delivered in the Summer.*

*Botany* —Rootsey. 3 g. 5 g. *Forensic Medicine.*—W. B. Carpenter; and *Chemical Toxicology*—Herapath. 3 g. 5 g.

The Museum and Cabinet of Materia Medica will be open to the inspection of the Students.

A Course of Comparative Anatomy will be delivered by Dr. Riley, gratuitously, to the Students of the Anatomical Class.

Clinical Lectures on Medicine are delivered at the Infirmary and General Hospital.

Clinical Lecture on Surgery at the Infirmary, by Mr. Hetling.

## SCHOOL OF ANATOMY AND MEDICINE.—16, Orchard-street.

*General Anatomy and Physiology*, Wallis. Daily, at half-past 8, A.M. First course 4 g., perpetual, 7 g. *Descriptive and Surgical Anatomy.*—Green, J. Colthurst. Daily, at half-past 8, A.M. *Physic.* Wallis. Th., Sat., at half-past 9, A.M. 4 g., 7 g. *Surgery.*—Davies. Tu., Fri., S., at half-past 10, A.M. 3 g., 5 g. *Materia Medica.*—Dick. Tu., Fri., at half-past 9, A.M.; W. S., at 6, P.M. *Chemistry.*— W. C. Jones. Tu., W. F., S., at 7, P.M. 5 g., 8 g. *Demonstrations*, J. Colthurst, Green. Daily, at 3, P.M. 3 g., 5 g.

In the Summer.—*Midwifery.*—Davies. Daily, at 10, A.M. 3 g., 5 g. *Medical Jurisprudence.*—Dick, W. C. Jones. Tu., W., F., S., at 6 P.M. 4 g., 5 g. *Botany.* —G. Rogers. Four days a week, at half-past 2, P.M. 3 g., 5 g.

The Museum contains several hundred preparations, a complete Cabinet of Materia Medica, and an excellent Herbarium.

The Medical Library is open to pupils, upon the payment of a guinea annually.

St. Peter's Hospital is the General Hospital for the poor of Bristol. It contains 26 wards for all purposes. Of these 11 are expressly appropriated to the accommodation of the sick, and contain 150 beds. There are, therefore, Medical, Surgical, and Lying-inn wards; together with a Lock ward and Lunatic Asylum. An extensive out-door or Dispensary practice is also attached to the Hospital.

Pupils, except the apprentices of the Medical Officers, not generally received.

*Physicians.* — Lyon, Williams, Davis. *Surgeons.*—Davies, Duck, Day. *House Surgeon and Apothecary.*—Brady.

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## THE DISPENSARIES.—1776.—North-street and Queen-square.

Founded to afford relief to paupers at their own houses, and for the accouchement of married women.

During the sixty years, sick patients have amounted to 81,434; midwifery cases, 23,221. Of the children born, 12,532 were boys, and 10,791 girls.

Ordinarily two Apothecaries visit the sick, but call in, to cases of importance, Drs. Porter and Symonds. In difficult labours the four midwives call in Messrs. Swayne, Leonard, Harrison, and Waldo. Their services are gratuitous. The Society finds medicines, nurses, &c. It expends about 1,000*l.* a year.

370 women were delivered this year, and 1,282 sick persons attended, of whom 285 received also pecuniary relief.

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## ESTABLISHMENTS FOR THE CURE OF DISEASES OF THE EYE.

There are two in Bristol:—

## THE BRISTOL INSTITUTION.—1810.

*Surgeon.*—H. Goldwyer, 1820.

Twenty-five years, 1811-35; patients admitted, 13,546; cataracts cured, 139. About 4 in-patients are generally under treatment. mostly cases of operation. Annual disbursement, about 160*l.*

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## THE EYE DISPENSARY.—1812.

*Surgeon.*—J. B. Estlin.

1812-34—patients admitted 19,308.— 1834—expenditure, 76*l.*

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The Bristol Library, established 1615 and in 1772 made "The Bristol Library Society," now possesses more than 15,000 volumes, many of which are of great value.

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## MEDICAL LIBRARY. — 1831. — Orchard-street.

*President.*—Dr. Carrick. *Treasurer.*— Mr. Surrage. *Secretary.*—Dr. Dick. *Honorary Librarian.*—Mr. Green.

Meetings for discussion of Medical subjects the third Saturday in every month, from Oct. to April inclusive, at half-past 7, P.M. Members amount to 56. Admission on payment of 2 guineas annually. The Library contains about 2,000 vols.

## PHILOSOPHICAL AND LITERARY INSTITUTION.—1809.

*Pro-Directors.*—Rev. Dr. H. Beek, W. D. Conybeare, J. C. Prichard. *Secretaries.*—A. Hartnell, S. Worsley.

1835 — Expenditure, 1,127*l.* Several valuable papers have been read before the Society. It was the scene of Davy's first labours.

## CAMBRIDGE. —ADDENBROOKE'S HOSPITAL.—1766. Beds, 80.

*Physicians.*—J. Haviland, 1817; F. Thackery, 1827; J.H. Bond, 1830. *Surgeons.*—C. Lestourgeon, 1813; J. Okes, 1817; A. S. Abbot, 1817. *Apothecary and House Surgeon.*—G. Johnson, 1830.—Salary, 80*l.*: he is allowed two in-door pupils, for whose board he pays 60*l.* to the Hospital.

The physicians and surgeons attend on Monday and Saturday, at 11 o'clock, to see the out-patients. Admission day, Wednesday.

*Public notice is sent to all the medical practitioners in the town when operations are to take place.* This is highly creditable to Cambridge.

There is no museum attached to the hospital; but all the preparations are sent to the extensive museum of the University. The hospital has a good collection of Calculi.

The beds, now 80, are about to be increased to 105.

Clinical lectures are delivered by Dr. Haviland occasionally.

## CANTERBURY. — GENERAL KENT AND CANTERBURY HOSPITAL.—1793.

*Consulting Physician.*—H. W. Carter, 1836. *Physicians.*—R. Chisholm, 1823; M'Divitt, 1836. *Surgeons.*—D. B. Major, 1824; W. H. Renwick, 1829; P. B. Hallowes, 1830; H. Dennes, 1835. *House Surgeon and Apothecary.*—A. Reed. Salary, 100*l.*

The Medical officers are required to attend every Wednesday and Friday.

In and out-patients are admitted and discharged only on Fridays; but it is in agitation to have Tuesday also appointed for the same purpose.

The Library of the Hospital contains 500 volumes.

A new wing is about to be added to the present building, which, together with other improvements in the present edifice, will raise the number of beds to 106, affording more space to each bed, and providing two wards, male and female, for contagious diseases, each containing three beds with ample space.

## CARLISLE FEVER HOSPITAL.

Instituted, 1820.

*Medical Officers.*—T. Barnes, 1820; J. James, 1820; J. Anderson, 1820; R. Atkinson, 1830; R. James, 1830; J. Hodgson, 1830; W. Elliot, 1831.—Expenditure, 200*l.*

## DISPENSARY.—1812.

The same medical officers, with the exception of Dr. Elliot. Expenditure, 240*l.*

Annual number of Patients, treated at the Dispensary in the ten years 1826-35, 3,526.

A new Infirmary has lately been erected, to contain 60 beds, but has not yet been opened.

A Medical Library and Museum are attached to the Hospital.

The Medical officers attend four days a week: the average number of patients seen each day is about 17.

Dr. Barnes is Secretary to the *Humane Society.*

The Medical Reports of these institutions are ably drawn up.

## LITERARY AND PHILOSOPHICAL SOCIETY.—1835.

*President.*—R. Ferguson, Esq. *Vice-Presidents.*—T. Barnes, M.D.; G. H. Head, Esq. *Secretaries.*—Rev. E. Salkeld, A.M.; C. Hudson, M.D.

1835—Expenditure, 121*l.*—Members, 61.

## CHESTER.—THE GENERAL INFIRMARY.—1755. Beds, 75.

*Physicians.*—L. Jones, 1814; Moor, 1831; P. Jones, 1835. *Consulting Physicians.*—Thackeray, Pigot, Cumming. *Surgeons.*—S. N. Bennett, 1801; T. Bagnall, 1806; G. Harrison, 1828. *House Surgeon.*—T. Brittain. Salary 60*l.* a-year. *Visiting Surgeon* of out-patients.—E. Roberts. Salary 60*l.* a-year.

A Physician and a Surgeon admit the in-patients in rotation every Tuesday.

see and admit the out-patients on Monday, Wednesday, and Saturday, at 11 o'clock. The in-patients are visited at the same time.

No Clinical Lectures are delivered, as at present there are only two medical students in the town.

Each apprentice pays 200 guineas to the Infirmary. The private pupils of the Surgeons are the dressers.

A Library of 500 volumes is attached to the Hospital.

100 beds can be made up, but not more than 75 are used at one time.—Expenditure, 1835-6, one year, 2,226*l.*—Funded property, 21,528*l.*

### CHICHESTER.—WEST SUSSEX, EAST HAMPSHIRE, AND CHICHESTER INFIRMARY AND DISPENSARY. —1826.

*Physicians.*—J. Forbes, 1826; J. M'Carogher, 1826. *Consulting Surgeon.*—J. Burnall. *Surgeons.*—A. T. S. Dodd, 1831; A. Duke, 1836. *House Surgeon.*—G. Newport, 1835.—Salary, 60*l.* He visits the out-patients, who are not able to attend, and who are within a certain district.

A Physician and Surgeon visit the patients, at 9 o'clock every Monday and Thursday; admit in-patients on Tuesday, at 11.

An Anatomical Museum and Medical Library are attached to the Infirmary; the former consists of about 300 preparations, chiefly of morbid anatomy; and the latter of about 400 volumes for the use of the Medical officers and pupils. The funds for the support of the Library are supplied by the fees received from the pupils; fifty pounds being set apart from the fee of each pupil for the purchase of books. The selection of these, and the control of the Library, rests solely in the hands of the Medical officers.

### THE CHICHESTER LITERARY AND PHILOSOPHICAL SOCIETY. (1835.)

*President.*—The Very Rev. G. Chandler, LL.D., F. R. S., Dean of Chichester. *Vice President.*—John Barton, Esq. *Treasurer.*— *Secretary.*—J. D. Newland, Esq.

150 members. Conditions of admission; annual subscription of one guinea—by ballot.

The Library and the Museum only erected five years.

### COLCHESTER. (1835.)—THE ESSEX AND COLCHESTER HOSPITAL.—1820.

*Physicians.*—A. Maclean, 1821; R. D. Mackintosh, 1823. *Surgeons.*—R. Nunn, A. Partridge, W. Waylen. *House Surgeon.*—R. Coombe. Salary, 80*l.* per annum.

No Museum or Library attached to the Hospital; no Clinical Lectures delivered; forty-five to fifty patients in the House, which would contain eighty.

### THE ESSEX AND HERTS BENEVOLENT MEDICAL SOCIETY.—1786, for the Relief of Widows and Orphans of Medical Men.

Receipts in 1834, from the five districts, 715*l.*

At the General Court of Audit, 1834, 340*l.* were granted to 17 Widows and Orphans of Medical Men.

### COLCHESTER MEDICAL SOCIETY.

1774.—Members, 19.

### DERBY INFIRMARY.—(1834.)

*Physicians.*—Bent, Fox, Baker. *Surgeons.*—Goodwin, Wright, D. Fox.

(No return been obtained.)

### EXETER.

### DEVON AND EXETER HOSPITAL. —1745.

*Physicians.*—J. Blackall, 1807; P. Miller, 1809; F. Granger, 1822; R. L. Pennell, 1830. Days of Attendance, Tues. Wed. and Sat.; also Thursdays, for the admission of Patients. *Surgeons.*—S. Luscombe, 1803; S. Barnes, 1813; J. Harris, 1815; J. H. James, 1816.—Days and hours of attendance the same as the Physicians', and frequently on other days when there is any occasion for it.

There are no regular Clinical Lectures delivered: but Clinical Instruction is afforded by the different Medical Officers.

*Pupils' Fees.*—For Twelve Months 30*l.*, and they act as dressers: but the greater number of Pupils are apprentices to the Surgeons. Their hours of attendance are from eleven to one, or at other times, if cases render it necessary. About twenty attend regularly.

There is a good, but not large, collection of Preparations, which is increasing; also a large and valuable Library attached to the Hospital.

Patients admitted on Thurs. Number of beds, 200.

Average expenditure of the Hospital for the last three years, 4087*l.* 4*s.* 6*d.* Its revenues are derived partly from funded property, partly from subscriptions, and partly from benefactions and legacies.

The only Lectures at present given, are Anatomy, by Mr. Barnes and Mr. James, daily, during the winter, at ten o'clock. The Fee for Admission, Two Guineas, which the Lecturers have hitherto employed in aid of the Museum.

### DISPENSARY.—1818.

*Physicians.*—Blackall, Miller, Granger, Pennell, Barham, Shapter. *Consulting Surgeons.*—S. Barnes, J. Harris, J. H. James, Johnson. *Surgeons.*—J. H. Stabbach, W. Kingdon, J. Tucker, E. Pridham, R. Amory, C. Webb.

Generally about eight pupils.—About 1400 patients treated annually; 17,403 since the commencement.

### DEVON AND EXETER LUNATIC ASYLUM.—1801.

*Physicians.*—Blackall, Miller. *Surgeon.*—B. W. Johnson. *Apothecary.*—Luke.

Usually 50 patients in the house; 25 admitted annually; treated from the commencement, 1169.

### WEST OF ENGLAND EYE INFIRMARY.—1808.

*Physician.*—Blackall. *Consulting Surgeon.*—W. B. Johnson. *Surgeon.*—S. Barnes. *Assistant-Surgeon.*—P. C. De la Garde.

Number of pupils, about 6; beds, 12: annual number of patients admitted, 660; since the opening, 13,828.

### LITERARY AND PHILOSOPHICAL SOCIETY.—1836.

The Meetings are held in the evening of the first Friday of each month, from October to May inclusive.

*President.*—J. Blackall, M.D. *Vice-Presidents.*—Rev. W. Scoresby, P. Miller, M.D. *Treasurer.*—S. Barnes, Esq. *Secretary.*—J. Tyrrell, Esq.—These officers compose the Council.

EXETER ATHENÆUM.—Founded, 1834, for the promotion of Arts, Science, and Literature, by a body of Proprietors, who are shareholders, and have free admission to the lectures delivered from time to time, which are open to the public at a small charge.

*Officers.*

*President.*—Duke of Bedford. *Vice-Presidents.*—J. W. Buller, Esq., Rev. W. Scoresby. *Treasurer.*—J. Milford, Esq. *Secretary.*—P. Miller, M.D., who manage the affairs of the Society with a Committee of twelve Proprietors.

There is a small Infirmary at *Barnstaple*, and an old-established and very useful Dispensary at *Plymouth*, of which we hope to give an account next year.

## GLOUCESTER.

### GLOUCESTER GENERAL INFIRMARY AND COUNTY HOSPITAL.

—1765.—1828, an additional wing for 54 patients.

*Physicians.*—H. Shute, 1815; T. Evans, 1833. *Consulting Surgeons.*—R. Fletcher, W. Cother. *Surgeons.*—J. W. Wilton, W. H. Fletcher, G. Playne, T. G. Buchanan, 1833. *House Surgeon.*—G. W. Charlton.

Clinical Lectures by Dr. Evans occasionally.

The Pupils generally attend the practice of the Hospital from ten till one.

There is a Library and also a Museum.

Patients are admitted on Thursdays.

Average annual expenditure, 3500*l.*

*School of Medicine.*

*Anatomy.*—Evans, G. Playne, T. Buchanan. M., T., W., Th., F., 1, P.M.

*Anatomical Demonstrations.*—Charlton. M., T., W., Th., F., 3, P.M.

*Medicine.*—Shute. M., W., F., 5, P.M.

*Surgery.*—J. W. Wilton, and W. Fletcher. T., Th., 5, P.M.

*Museum and Dissecting Rooms* for the use of Students.

There is a Medical Reading Society, consisting of most of the professional men; and the members of which meet monthly, for the purpose of making friendly professional communications.

## STROUD.

### DISPENSARY.

*Physician.*—D. Caigell. *Surgeons.*—E. U. Uthwatt, J. G. Hillier.

Patients treated in two years, Sept. 1834-6—730. There is another small Dispensary.

### CASUALTY HOSPITAL,

Just opened, (1836,) has accommodation for 15 patients, It is intended for cases of severe accident: admitted without recommendation.

*Surgeon.*—Uthwatt, Hillier, Uaskbourn. *Honorary Physician.*—Caigell.

## HALIFAX.

### GENERAL DISPENSARY.—1807. (1835.)

*Physicians.*—R. Moulson, M. S. Kenny. *Surgeons.*—Sunderland, Jubb. *Apothecary.*—F. H. Tucker.

1834.—Patients admitted, 4054.—Died, 89.—A valuable List of Diseases is published yearly with the Report.

HEREFORD.—A County Infirmary, of which no account has been received. Medical Officers unknown.

### DISPENSARY.—1835.

*Consulting Physicians.*—S. Hughes, J. B. Lye, M. S. Walrond, W. L. Gilliland. *Visiting Surgeons.*—P. James, F. Braithwaite, R. Archibald.

If necessary, the Medical officers visit the patients at their own dwellings.

Sept. 1835 to Aug. 1836—Patients admitted, 178; died, 5.

HUDDERSFIELD.—A Dispensary, established 1814, was converted into the Huddersfield and Upper Agbrigg Infirmary, 1831.—(1835.)

*Physicians.*—J. K. Walker, 1814; W Turnbull. *Surgeon Extraordinary.*—Wilks. *Surgeons.*—Robinson, J. T. Bradshaw, Greenwood. *House Surgeon.*—R. P. Clayton.

The Infirmary contains 26 beds, and ample accommodation for double that number. 1834.—In-patients admitted, 187; out-patients, 3000. The greater number of in-patients are surgical cases, arising from accidents with machinery, coal-pits, &c.

In-patients admitted Fridays; out-patients every day. A Medical Library in the Infirmary is supported by the subscription of Medical men residing in and near the town.

## HULL.

### KINGSTON-UPON-HULL GENERAL INFIRMARY.—1782.

*Physicians.*—W. H. Bodley, M. Chalmers, J Alderson. *Surgeons.*—G. Fielding, F. Huntington, R. Craven. *Apothecary and House Surgeon.*—J. Higson.

Patients admitted and discharged Th. at 12.

A valuable *Medical Library* has been collected by the contributions of the Faculty in the town and neighbourhood.

### HULL AND EAST RIDING OF YORK SCHOOL OF MEDICINE AND ANATOMY.—Kingston Square.—1831.

*Anatomy and Physiology*, R. Craven and E. Wallis. *Anatomical Demonstrations.* E. Wallis. *Botany*, Smith. *Chemistry*, Pearsall. *Materia Medica and Therapeutics*, H. Cooper. *Medical Jurisprudence*, Alderson, Langstaff, and Hardy. *Medicine*, Alderson, A. M. *Surgery*, R. Craven. *Midwifery*, Hardy.

### HULL AND SCULCOATES DISPENSARY.—1815.

*Physicians.*—M. Chalmers, F. R. Horner. *Surgeons.*—J. M. Fullam, C. T. West, W. H. Lee. *Dispenser.*—W. H. Davies.

Patients admitted, 1815-36, (22 years,) 36,703; total expenditure, 7,957*l.* Admitted 1835-6, one year, 1461: expended, 385*l.*

## LEAMINGTON.

The Warneford General Bathing Institution and Leamington Hospital.—1834.

*Physicians.*—A. Middleton, J. Luard. *Surgeons.*—W. Middleton, — Boulton, I. Prichard, R. Jones. *Assistant-Surgeons.*—M. Cottle, J. Hitchman. *Resident Dispenser.*—A. Alcock.

This hospital is capable of holding 85 beds. 1835—In-patients admitted, 91; accidents 100; out-patients, 341. Expenditure, 583*l.*

## LEEDS.

### GENERAL INFIRMARY.—1767, (1835.)

*Physicians.*—Williamson, Hunter, Hobson. *Surgeons.*—Smith, W. Hey, T. P. Teale. *Apothecary.*—Allanson.

Clinical Lectures on Physic once a week, during the winter session, by Williamson and Hunter, in rotation.

Clinical Lectures on Surgery once a week, during the winter session, by Smith, W. Hey, and T. P. Teale, in rotation.

Medical practice.—Fee for six months,

10 g.; eighteen months, 15 g.; five years, 25 g.

Surgical practice.—Fee for six months, 10 g.; twelve months, 15g.; second year, 10 g.

The articled pupils of the surgeons officiate as dressers.

A museum and an extensive medical library are attached to the hospital.

Patients admitted every Friday.

Average number of patients in the house, 120; number of beds, 130. In-patients admitted last year, 1341; out-patients, 2503. Deaths of in-patients, 59; ditto of out-patients, 26.

Expenditure last year, 3308*l.* 19*s.* 7*d.*; Income from Annual Subscriptions, Collections, Legacies, Benefactions, and Sundries, 4063*l.* 10*s.*

## PUBLIC DISPENSARY.—1824. (1835.)

*Physicians.*—Thorp, Hunter, Williamson. *Surgeons.*—Garlick, W. R. Cass, C. Nelson. *Apothecary.*—Ayre.

A physician and surgeon attend on M., W., and F. The apothecary is resident.

Patients admitted daily by recommendation. Urgent cases admitted on the books at any time, without recommendation.

Patients admitted last year 2935; of whom 1271 were visited at their own homes.

Expenditure last year, 787*l.*

## HOUSE OF RECOVERY.—(Fever Hospital.)—Instituted 1804. (1836.)

*Physicians.*—Thorp, Hunter, Williamson. *Surgeons.*—W. Hey, Cass. *Apothecary, Inspector, and Secretary.*—E. Foster.

Patients admitted last year, 171; deaths, 30.—Expenditure last year, 499*l.*

## SCHOOL OF MEDICINE.

*Anatomy, Physiology, and Pathology.*—T. P. Teale, Garlick, and J. Hey. *Anatomical Demonstrations.*—Price and Nunneley. *Principles and Practice of Surgery.*—W. Hey. *Materia Medica and Therapeutics.*—Hunter. *Chemistry.*—West. *Principles and Practice of Physic.*—Williamson. *Botany.*—J. Hey, and Denny. *Forensic Medicine.*—D. Thorp. *Midwifery.*—S. Smith.

Clinical Lectures will be given to the Pupils of the Infirmary and Dispensary.

These Lectures are open to the Profession.

## MEDICAL SOCIETY.—1834. (1835.)

Committee.—Garlick, Smith, Battye, J. Hey, W. Hey, jun., Nunneley, Ward; W. A. Jackson, Secretary and Treasurer.

The meetings of the Society are held on the first Th. in every month, at seven P.M. The members of committee preside in rotation. Number of members, 33.

## PHILOSOPHICAL AND LITERARY SOCIETY.—1819. (1835.)

*President.*—Rev. J. Holmes. *Vice-Presidents.*—W. Osburn, jun., A. Hunter, *Treasurer.*—W. W. Brown. *Secretaries.*—R. Hall, W. West. *Curator and Librarian.*—J. Hey. *Subcurator.*—H. Denny.

## LITERARY INSTITUTION.—1834. (1835.)

*Secretaries.*—W. H. Glover, J. Smith. *Treasurer.*—J. Wilkinson.

Reading-room open from nine A.M. to two P.M.; re-opened from four P.M. to ten P.M. daily, except on Sundays.

A meeting is held once a month for the reading of papers, and for discussions.

Members, 726. Annual subscription, 16s.

The library contains between three and four thousand volumes.

## EYE AND EAR INFIRMARY.—1822.

*Surgeons.*—W. Hey, C. Nelson, T. S. Rusby.

## LYING-IN HOSPITAL.—1834.

*Surgeons.*—W. Price, R. C. Battye, W. Wildsmeth. *Surgeons in Ordinary.*—H. M. Atkinson, W. Hey, F. Sharpe.

## LEICESTER.

## INFIRMARY.—1771. (1835.)

*Physicians.*—Arnold, Freer. *Surgeons.*—Nedham, —Paget, jun. *House Surgeon and Apothecary.*—E. E. Wilkinson. Salary 200*l.* a year.

Operation day, Monday.

## DISPENSARY.—1833. (1835.)

*Consulting Physician.*—Hill. *Physician.*— . *Surgeons.*—Gosset, Stallard, Macauley, Denton, Bowmar, C. Wood. *Dispenser.*—Fullagap.

1834, one year—Patients discharged, 2,046, of whom 84 died. Expenditure, 471*l.*

There is a Library, also a Literary and Philosophical Society, in Leicester: it meets monthly.

## LINCOLN.

### COUNTY HOSPITAL.—1769.

*Physicians.*—E. P. Charlesworth, 1808; W. D. Cookson, 1830; R. Elmhirst, 1833. *Surgeons.*—Snow, 1811; Howitt, 1836; Hewson, 1827; F. Kent, 1832.

The Physicians and Surgeons attend in monthly rotation every M. and Th. mornings.

*House Surgeon.*—S. Hadwen. Salary 100*l.* a year. (1835.)

Patients admitted by the Physician and Surgeon, on M. at eleven o'clock.

### GENERAL DISPENSARY.—1826.

*Physicians.*—E. P. Charlesworth, 1826; W. D. Cookson, 1830; R. Elmhirst, 1830.

Attend at the Dispensary, in monthly rotation, at 10 o'clock on T. and S.

*Surgeons.*—Hett, 1826; Snow, 1826; Franklyn, 1826; Hewson, 1826; F. Kent, 1830.

Attend in monthly rotation, according to seniority, at the request of the Dispenser or the Physician.

*House Surgeon.*—G. B. Snow, 1836. Salary, 100*l.*

Patients admitted by the Physician, on T. and S.—by the Dispenser daily, home-patients at 10, A.M., out-patients at 2, P.M.

Total Expenditure of ten years, 3,789*l.* 11*s.* 8*d.*—of drugs, 763*l.* 5*s.* 11¼*d.*

### THE LUNATIC ASYLUM.—1819.

*Physicians.*—E. P. Charlesworth, appointed at the establishment of the Institution; W. D. Cookson, 1831; R. Elmhirst, 1831.

The Physicians, by monthly rotation, according to seniority of appointment, superintend the medical department, and attend three times a week at least.

*Surgeons.*—J. Snow, 1827; J. Hewson, 1827; R. Howitt, 1833.

The Surgeons, by a rotation similar to that of the Physicians, attend when required by the Physician or House Surgeon.

*House Surgeon.*—J. G. Hill. Elected 1835. Salary, 100*l.* a year.

Patients admitted at any time provisionally by the House Surgeon, but the ordinary Weekly Board regulates the admission.

Terms of Admission.—First rank, 1*l.* 1*s.* per week. Second, 15*s.* Third, males, 9*s.*; females, 8*s.*

### THE MEDICAL LIBRARY.—1825.

*Treasurer.*—Dr. Charlesworth. *Secretary.*—Mr. Hainworth. *Librarian.*—G. B. Snow.

Meetings, first Thursday in February, May, August, and November, at 12 o'clock. Members amount to 14. Admission on the payment of one guinea. There are about 300 books. The Library is at the Dispensary.

### LINCOLNSHIRE MEDICAL BENEVOLENT SOCIETY.—1804.

*Patron.*—Right Hon. Lord Yarborough.—*Trustees.*—Sir G. Heathcote, Bart.; Sir R. Sheffield, Bart.; C. Chaplin, Esq. *President.*—Mr. Bell, jun. *Vice-Presidents.* Dr. Bousfield; Dr. Charlesworth; Mr. Overton; Mr. Palmer, and Mr. Porter. *Treasurer.*—Dr. Charlesworth. *Secretary.*—Mr. Barton.

Anniversary in July. Number of members, 41. Admissions proposed by a subscriber at the anniversary meeting, which proposal is decided by a majority of the attending members.

## LIVERPOOL.

### INFIRMARY.

*Consulting Surgeon.*—R. Forshaw. *Physicians.*—J. P. Brandreth, R. Formby, S. H. Banning. *Surgeons.*—R. Bickersteth, J. Dawson, J. P. Halton. *House Surgeon and Apothecary.*—J. Long. (1835.)

Students are admitted to the Medical and Surgical practice from ten to one daily; fee, 20 guineas per annum, which includes Clinical Instruction.

Clinical Medicine, Formby—Clinical Surgery, Dawson.

### LUNATIC ASYLUM.

*Physician.*—D. Bird, *Surgeon.*—J. Cooper. (1835.)

### LOCK HOSPITAL. (1834.)

*Physician.*—F. R. Philp. *Surgeons.*—T. Simon, F. Worthington.

### NORTHERN HOSPITAL.—Leeds-street.—*Established*, 1834,

Principally for the reception of accidents and acute cases. 76 beds.

*Physicians.*—Squires, Reynolds, Hannay. *Surgeons.* — Gill, Wainwright, Banner. *House Surgeon and Apothecary.* — B. Blower. *Assistant House Surgeon.*—Davies.

Th. operation day. M., W., and F., Physician's and Surgeon's visiting and admission days.

1835—Cases admitted, 402, medical, 108, accidents and surgical, 294—of the latter, 71 more than last year. Died, 27. Expenditure, 1,101*l.*

## DISPENSARIES. — North. — Vauxhall-road.

*Physicians.*—Williams, Duncan, Carson, jun. *Surgeons.*—Parke, Eden, Stubbs. *House Surgeon.*—H. Newnum.

South.—Parliament-street.

*Physicians.*—Nicholson, Scott, Grindrod. *Surgeons.*—Minshull, J. Cooper, Archer. *House Surgeon.*—Nottingham.

The physicians and surgeons attend the Dispensaries every day.

Annual patients relieved, 39,750. Annual Subscriptions, donations, &c., 2944*l.* 8*s.* 4*d.* (1835.)

## FEVER HOSPITAL.—Brownlow-hill.—(Attached to the Workhouse.)

*Physicians.*—Macrorie, Gouthwaite. *Surgeon.*—S. M'Culloch. *House Surgeon and Apothecary.*—B. Nightingale.

Annual Patients admitted, 1475; died, 280. (1835.)

## OPHTHALMIC INFIRMARY.—Slater-street.—1820.

*Surgeons.*—Edwards, Neil.

Annual patients relieved, 1,768. Subscriptions, &c., 221*l.* (1835.)

## ROYAL INSTITUTION.

### SCHOOL OF MEDICINE AND SURGERY.

*Anatomy, Physiology, and Pathology.*—Formby. Daily, at eight, A. M. One Course, 4 g.; Two Courses, 7 g. *Anatomical Demonstrations.*—Long. Daily, at six P.M. 2 g. *Chemistry and Pharmacy.* (100 Lectures.)—Reynolds. M., W., Th., S., at three. 7 g. *Materia Medica and Therapeutics.* (100 Lec.)—Duncan. M., W., Th., S., at four. 5 g. 8 g. *Principles and Practice of Medicine.* (100 Lectures.)—Brandreth and Philp. T., Th., S., at four; W., at five. 5 g. 8 g. *Principles and Practice of Surgery.*—Halton. M., W., F., at four. 3 g. 5 g. *Midwifery, and Diseases of Women and Children.* — Malins and Batty. T., Th. S., at seven, P. M. 3 g. 5 g.

*Summer Courses.*

*Medical Botany.*—Bryce. M., W., F., at eight, A. M. 3 g. 5 g. *Medical Jurisprudence.*—Philp and Malins. T., Th., S., at three. 3 g. 5 g. *Midwifery.*—Malins and Batty. M., T., Th., S., at seven, P. M. 3 g. 5 g.

## MEDICAL SOCIETY.

Meets at the Royal Institution.

*Presidents.*—Carson, Reynolds, Macrorie, Jeffreys. *Secretary.*—Duncan. *Treasurer.*—Mr. Batty.

Meetings every alternate Wednesday, at 7, p.m., from October to April, inclusive. Members, 70 to 80. Regularly educated practitioners are admitted by ballot, a majority of two-thirds being required. There is a Medical Library (not connected with the Society) containing 4000 or 5000 volumes.

## MANCHESTER.

## ROYAL INFIRMARY AND DISPENSARY.—1752.

*Physicians.* — J. Mitchell, E. Lyon, E. Carbutt, J. L. Bardsley, J. D. Holme, W. C. Henry. *Surgeons.* — J. A. Ransome, J. Ainsworth, R. Thorpe, W. J. Wilson, T. Turner, W. R. Whatton. *House Apothecary.*—S. Gaskell. *House Surgeon.*—W. W. Beever.

The Physicians and the Surgeons deliver Clinical Lectures, in rotation, every day at 11 o'clock. 1833-4. Total In-patients treated, 1831. The average number under treatment was about 120. Deaths, 139. Of the In-patents 542 were cases of accident. Out-patients treated, 13,259, of which 4,058 were accidents. Home-patients admitted, 3,837. District Home-patients, 903. Expenditure, Medical and Surgical, 3,911*l.* Meat and Candles, Coals, Salaries, &c. 4,355*l.*—Total, 8266*l.*—(1835.)

Pupils and dressers' fees to the Hospital; for six months, Med. 10 g.; Surg. 15 g.; for twelve months, Med. 15 g.; Surg. 20 g.; perpetual to all, 50 g.

There are Museums connected with the Schools and the Hospital, besides those belonging to private persons.

An excellent Medical Library is connected with this Infirmary.

## LUNATIC HOSPITAL AND ASYLUM.

1833-4—Patients resident, 44; admitted,

14. Treated since A. D. 1766, in all 2789. Cured, 1006. Dead, 386.

### EYE INSTITUTION.—1815.

*Consulting Physician.*—J. Hull. *Surgeons.*—S. Barton, J. Windsor. *Assistant Surgeons.*—R. T. Hunt, J. Walker.

Days of admission, M., T., Th., F., S., at twelve.

1835 — Admitted, 1,457. 1816-35 — 25,616; in the last ten years, 14,274.

### ROYAL SCHOOL OF MEDICINE AND SURGERY, Pine-street, behind the Royal Infirmary.

*Human and Comparative Anatomy, Physiology, and Pathology.*—Turner. *Anatomical Demonstrations.* — Stephens, Stott. *Medicine.* — J. L. Bardsley. *Materia Medica.* J. L. Bardsley. *Surgery.*—Ransome. *Midwifery.*—Radford, Part I.—*General Chemistry.*— Davies. Part II.—*Medical Chemistry.* — J. A. Ransome. *Medical Jurisprudence.*— Ollier. *Anatomy, Physiology, and Pathology of the Eye.*—Hunt.

During the Summer Session, Lectures will be given on Botany, Pathology, Midwifery, and other branches of Medical Science.

There is another School in Marsden-st.

### MARGATE ROYAL SEA-BATHING INFIRMARY.—1794.

*Physician.*—J. Conham. *Consulting Surgeon.*—J. Waddington. *Resident Surgeon.* —W. O. Chalk. *Secretary.*—J. Rainbow, 16, Walbrook, London.

### NEWCASTLE-UPON-TYNE. INFIRMARY.—1751.

*Physicians.*—T. E. Headlam, N. T. Smith, D. Bulman, D. B. White. *Consulting Surgeon.* T. Leighton. *Surgeons.*— J. Baird, J. M'Intyre, T. M. Greenhow, H. Heath. *House Surgeon.*—J. P. Church.

Last year's receipts, 2,939*l.*; payments, 2,902*l.* Total number of patients this year, 1,452; out-patients, 967; accidents, 472.

The general meetings of the Society are held every first and third Fr. in each month, at seven P.M., from the third Fr. in Oct. to the first Fr. in May inclusive. The Society consists of 68 proprietary members.

The Society possesses an extensive Museum, more particularly of zoology and geology; the latter department containing many valuable organic remains from the coal-field of the district.

The first fasciculus of the Society's Transactions is preparing for publication.

### DISPENSARY.

*Physicians.* — Headlam, Smith, Bulman, Wightman, White, Cargill. *Surgeon.*— Hawthorn. *Resident Surgeon and Apothecary.*—J. Wilkie.

Receipts this year, 901*l.*; expenses, 765*l.* Admitted on the books this year, 2,795; casualties and slight cases, admitted without recommendation, 9,231: total, 12,026. Total admitted since commencement, 207,373. Vaccine Department, 514, this year; total, 22,187.

### FEVER HOSPITAL.—1804.

Is attended by the Medical Officers of the Dispensary, and supplied with medicine from the same Institution.

### EYE INFIRMARY.

*Surgeons.*—T. M. Greenhow, J. Fife.

### LYING-IN HOSPITAL.—1760.

*Physicians.*— Smith, Bulman. *Surgeons.* S. M. Frost, Wm. Hardcastle, and W. Nesham.

There is also a Self-Supporting Dispensary within the precincts of the Town.

### NEWCASTLE-UPON-TYNE SCHOOL OF MEDICINE AND SURGERY.

The Course of Six Months duration.

*Anatomy and Physiology,* W. Morrison. Daily, 8, A.M.—4 g. *Anatomical Demonstrations,* T. Common. Daily, 2, P.M.—3 g. *Medicine,* S. Knott. M., T., Th., S., 1, P.M.—3 g. *Chemistry,* H. G. Potter. M., W., Th., S., 7, P.M.— 3 g. *Midwifery,* W. Dawson. T., F., 7, P.M.—3 g. *Surgery,* J. Fife. M., W., F., 8, P.M.—3 g. *Materia Medica,* T. Fenwick. T., Th., S., 8, P.M.—3 g.

The Anatomical Museum and Cabinet of Materia Medica will be open during certain hours to the inspection of students.

Spring courses will be delivered on Medical Jurisprudence, Botany, Midwifery, &c., Practical Anatomy, and Practical Chemistry.

### GATESHEAD DISPENSARY.—1812.

*Physicians.* — Headlaw, Smith, White. *Surgeons.* — H. Brady, R. Davis, F. Bewett. *Apothecary.*— H. Featherstonehaugh.

Receipts this year, 437*l.* Expenses this year, 419*l.*

Patients admitted this year ... 1289
Casualties ........................ 1662

Total ... 2951
Total since commencement... 9683
Children vacinated this year, 189
Since commencement............ 554

There is a Medical and Surgical Society in Newcastle, with about fifty members. Meetings once a month. There are also two or three others of about twelve members each. The number of Patients is in every Institution yearly increasing; Fever Hospital, perhaps, excepted.

## SUNDERLAND AND BISHOPWEARMOUTH INFIRMARY, DISPENSARY, AND HOUSE OF RECOVERY FOR FEVER.—(United Institution.) Beds, 20.

*Physicians.*—W. R. Clanny, 1806; J. Miller, 1817; J. Brown, 1822; H. Ogden, 1832, *Surgeons.*—G. Atkinson, 1800; J. Croudace, 1808: C. Ferguson, 1820; W. Mordey, 1832. *House Surgeon.*—T. Penman, 1834. Salary, 100*l.* Duties, visiting out and in-patients, &c.

Two of each class (Physicians and Surgeons) attend each W., and two each Th., at 10, A.M.

Average number of cases in the house, from 5 to 6. The average number of annual admissions from 20 to 30. Total number of out-patients admitted in ten years, 9,329.

June 1, 1834-5 (one year).—Dispensary patients, admitted, 707; dead, 29: House of Recovery, patients admitted, 21.

There are a Medical Society, a Medical Library, a Literary and Philosophical Society, and a public Library in the town.

## NORTHAMPTON GENERAL INFIRMARY (1835.)—*Established* 1744.

*Physicians.*—A. Robertson, 1823; W. C. Kerr, 1823. *Surgeon Extraordinary.*—H. Locock, 1793. *Surgeons.*—W. Percival, 1820; H. Terry, 1827. *House Surgeon and Apothecary.*—J. Mash, 1815.

## NORFOLK.

### NORFOLK AND NORWICH HOSPITAL.—1771.

*Physicians.*—W. Wright, E. Evans, L. Lubbock. *Surgeons.*—W. Dalrymple, J. G. Crosse, B. H. Norgate. *Assistant Surgeon.*—I. G. Johnson.

### THE LYNN AND WEST NORFOLK HOSPITAL.—1836.—Beds 30 to 40.

*Physicians.* — Tweedale, Waite. *Surgeons.*—Ingle, Whiting.

### NORWICH AND NORFOLK UNITED MEDICAL BOOK SOCIETY.

Has been instituted twelve years, and has varied in the number of its members from 60 to near 100. The object in view is the circulation of medical books, and establishing a permanent library. The Society is divided into four districts, and four copies of each new work are purchased, one for each district; every member of the Society thus receiving the books in circulation.

## NOTTINGHAM.

### GENERAL HOSPITAL.—1782.

Beds, 106.

*Physicians.*—J. M. Davidson, 1826; G. Howitt, 1830; R. S. Hutchinson, 1832; *Surgeons.*—J. Attenburrow, 1781; W. Wright, 1818; G. M. White, 1835. *House Surgeon and Apothecary.*—F. Sibson, 1836. Salary, 150*l.* Admission day, Tuesday.

The Library of the Medical Book Society contains 1000 volumes.

### DISPENSARY.—1831.

*Physicians.*—Howitt, J. C. Williams. *Surgeons.*—R. Davison, A. Greeves, T. Allen, J. Thompson. *Resident Surgeon.*—T. Wilson, 1836.

### GENERAL LUNATIC ASYLUM.—1812.

*Physician.*—A. Blake. *Surgeon.*—White. June, 1835-6, (one year)—admitted, 70. Average number resident through the year, 119. Total ordinary expenditure, 3938*l.*; repairs and clothing, 3023*l.*

### MEDICAL SCHOOL.

This school was established in 1833, under the patronage of the Duke of Newcastle, Lord Lieutenant of the County, who gave 500*l.* towards it.

*Lecturers*, 1836-7.

*Anatomy and Physiology*, G. M. White, Caunt. *Practice of Physic*, J. C. Williams, *Anatomical Demonstrations*, J. Thompson. *Midwifery*, J. Wright. *Medical Jurisprudence*, C. Attenburrow.

### NOTTINGHAM AND NOTTINGHAMSHIRE SOCIETY FOR THE STUDY AND CULTIVATION OF NATURAL HISTORY.—1836-7.

*Patron.*—The Duke of Newcastle, Lord Lieutenant of the county.

*President.*—Rev. J. Wolley.

*Council.*—J. J. Bigsby, Rev. B. Carpenter, C. Churchill, D. S. Churchill, J. M. Davidson, R. Davison, F. P. Hewitt, Higginbottom, Riley, F. Sibson.

*Honorary Curators.*

*Zoology*, B. Eddison. *Ornithology*, J. C. Williams. *Entomology*, R. Bakewell. *Botany*, Howitt. *Geology and Mineralogy*, A. F. A. Greeves.

*Secretaries.*—Rev. W. J. Butler, M. Browne.

There is a *Literary and Philosophical* Society (1824) at Nottingham.

1835—Members, 103. Expenditure in the year 54*l.* 12*s.*

## OXFORD.

RADCLIFFE INFIRMARY, was built and completely furnished at the sole charge of the Executors of Dr. Radcliffe, and opened for the reception of patients on the 10th of October, 1770.

*Physicians.*—J. A. Ogle, 1824: J. Wootten, 1830; C. J. Bishop, 1830. *Surgeons.*—G. Hitchings, 1811; C. L. Parker, 1836; W. Cleobuery, 1815; C. Wingfield, 1817. *Apothecary.*—E. Hagley, 1810.

The Physicians attend on Tuesdays, at noon, to prescribe for the out-patients of the town, and on Sat. to meet the out-patients from the country. The Surgeons generally attend daily, at noon.

The day of admission is W. at 12 o'clock.

Dr. Ogle, Clinical Professor, lectures from November to March, three times a week.

### RADCLIFFE LUNATIC ASYLUM.—Headington-hill.—1826.

*Physician and Treasurer.*—J. A. Ogle. *Consulting Surgeon.*—W. Tuckwell. *Resident Surgeon, Apothecary, and House Director.*—F. T. Wintle.

1826-35.—Cases admitted, 304; cured, 150; died, 29. In the Asylum, at the end of 1834 and 1835, 32, 31: expenditure, 1834, 2534*l.*; 1835, 1481*l.*

Private patients are treated in the Asylum, which, even in the dispensation of its charity, selects its objects from the respectable classes of society; *it was erected for the relief of those whose circumstances were such as to place them above chargeability and pauperism*, but below the possession of what is known to be necessary for the support of the double burthen of insanity and want—it was intended for such of the insane, in professional, commercial, and agricultural life, as were too well off to be able to obtain pecuniary relief under the law, but too straitened in their circumstances to pay for the proper care of their afflictions, without the aid of the humane and charitable.

### MEDICAL DISPENSARY AND LYING-IN CHARITY.—Beaumont-st. 1807.

*Surgeon and Accoucheur.*—J. Symonds.

The Medical officer provides medicine, and gives advice and attendance, either at his own house or the habitations of the sick, according to the necessity of the case. The benefits of the Institution are confined to the suburbs of Oxford, and the parish of St. Clement.

1834.—Patients admitted, 1004; dead, 23. Patients in midwifery, 157. Expenditure 308*l.*, of which Mr. Symonds received 206*l.* Medical cases since 1807, 19,830; midwifery cases, 2767.

## SALFORD.

### SALFORD AND PENDLETON DISPENSARY.—1827.

*Physicians.*—T. Harland, 1827; R. Hardy, 1834. *Surgeons.*—J. Boutflower, 1827; T. Brownbill, 1827; G. Gardom, 1827; T. Slack, 1830.

A Physician attends on M., T., Th., F.; a Surgeon every day, at the Dispensary, at nine, A. M., to admit and see patients.

*House Apothecary.*—T. Brownbill, 1834, resident at the Dispensary. Salary, 100*l.*

A dispenser of medicine has a salary of a guinea a week. Clinical Lectures are delivered by a Physician and Surgeon in the Summer.

Patients admitted 1828-35, 34,623.

The average number of patients admitted annually is 4,000; which consist of 2,000 out, 1,000 home, and 1,000 accident patients. The average number of out-patients who attend the Dispensary daily to be prescribed for is 60; and of accidents that require dressing, 30.

A small Museum and a Library of 300 volumes are attached to the Dispensary.

### SALISBURY INFIRMARY.—1767.
(1835.)

*Physicians.*—Fowler, 1796; Grove, 1817. *Surgeons.* H. Coates, 1804, J. Andrews, 1807, G. Sampson, 1827. *House Surgeon and Apothecary.*— —Tatum, 1833. 1833-34.—In-patients, 887; out-patients, 1213; Total, 2100.

Of the in-patients, 224 were accidents. Of the out-patients, 221 were casual patients, relieved in passing through the city.

Annual expenditure about 2700*l.*

### SALOP INFIRMARY.—1747.

*Physicians Extraordinary.*—J. Evans, W. Tayleur, R. W. Darwin. *Physicians.*—T. Du Gard, J. P. Johnson, H. Johnson. *Surgeon Extraordinary.* — E. Humphreys. *Surgeons.*—T. Sutton, H. E. Burd, J. Dicken. *House Surgeon and Apothecary.*—R. Cartwright; salary 100*l.* a year.

A Library is attached to this Hospital. Surgical pupils pay the surgeons twenty guineas annually. They dress the patients. Two apprentices are taken into the house. No Clinical Lectures have yet been delivered.

Patients are admitted on S., and seen by the Medical Officers on M. and Th.

### SHEFFIELD GENERAL INFIRMARY.—1797. 100 Beds.

*Honorary Physician.* A. J. Knight. *Physicians.*— W. Younge, C. Thompson, G. C. Holland. *Honorary Surgeon.* J. Favell. *Surgeons.*—H. Thomas, W. Overend; H. Jackson. *House-Surgeon.* — R. Ernest; salary £100 a year, and part of the apprentices' fees.

The pupils are generally apprentices of the medical officers. There is a small Library of old works. Clinical Lectures by Dr. Thompson and Dr. Holland.

Mr. Jackson is president of a Medical Society in Sheffield, having 19 members, who meet on alternate Wednesdays. The Library contains about 1000 vols. (1835.)

There is a Medical School in Sheffield.

### STAFFORD.

An Infirmary and Lunatic Asylum. Medical Officers unknown.

### STAMFORD AND RUTLAND INFIRMARY.—1828. Founded on the donation of the late H. Fryar, Esq.

*Physicians.*— T. G. Arnold, W. L. Hopkinson. *Surgeons.*—J. G. De Merveilleux: M. W. Jackson, W. Burdett, W. Whitby, E. Hatfield. *Consulting Surgeon.* — B. Cowper. *House Apothecary and Surgeon.*—E. Brown; salary 100*l.*

Beds, 20. About one in four of the patients admitted in 1835 were from Stamford, the remainder from the neighbouring country. Admission-day on Tuesday. Out-patients attend on Friday.

There is a small library, only recently established.

### SUFFOLK GENERAL HOSPITAL. BURY ST. EDMUNDS.—1826.

*Physicians.*—F. G. Probart, W. J. Bayne· *Consulting Surgeon.*— — Mullis. *Surgeons.*—C. Smith, G. Creed, J. Dalton. *House Surgeon and Apothecary.* — W. Ward.

1833.—In-patients admitted, 326; out-patients, 717—Total, 1043.

In 1835, the number of In-patients treated was 368, and of Out-patients, 934. The expenses are paid by voluntary annual contributions, and interest on monies invested, to the amount of above 14,000*l.* The expenditure in 1835 was 1616*l.*: viz. House expenses, 975*l.*, Repairs, 82*l.*, Furniture, 65*l.* Dispensary, 248*l.*, Salaries and Wages, 216*l.*, Printing, 29*l.*

### EAST SUFFOLK HOSPITAL.—1836.

*Physicians.*—Baird, Beck. *Surgeons*, Bartlett, Bullen, Hammond and Sampson. Beds, 30.

The donations amount already to 4690*l.* 1s. 0d., and the annual subscriptions to 875*l.* 16s. 6d.

### SURREY.

The present position of Surrey, with respect to Medical Institutions, cannot be better described than in the words of a gentleman practising in that county:—"From the immediate contiguity of this county to the Metropolis, the gentlemen of the medical profession residing in it, and more especially those in the near vicinity of town, look to London for every thing of a public nature; and the mass of the population equally look to the London Hospitals for aid in cases that are appropriate for reception into such institutions. There is, therefore, no hospital in the county out of Southwark."

The following Society, however, is highly creditable to the spirit and intentions of the medical practitioners of Surrey.

### SURREY BENEVOLENT MEDICAL SOCIETY.—Instituted in 1812, for the purposes of establishing a Benevolent Fund, the promotion of sentiments of friendship, and mutual information in medical and chirurgical science. Meetings twice a year, at Epsom, Croydon, or Reigate.

*President.*—A. Gardner. *Vice Presidents.*—E. Wallace, G. Fletcher. *Trustees of the Fund.*—Dr. Moyd, E. Wallace, A. Gardner, G. Fletcher. *Treasurer.*—E. Wallace. *Secretary.*—Mr. Martin, Reigate.

Admission fee, £3; annual subscription, £2, to be paid not more than twenty-five years.

The fund for benevolent purposes now amounts to £3,300. Many valuable cases have been recorded in the Minutes of the Society, and the members are zealously exhorted, each in his district, to record whatever facts of interest to science may occur, and to communicate the results at the meetings. Would that such societies existed in every county of England! We only want to be brought often in contact, to rise above a mercantile animosity, and the petty feuds it engenders.

## TAUNTON.

### TAUNTON AND SOMERSET HOSPITAL.—1809. (1835.)

*Physicians.*—E. B. Eve, 1830; T. Woodforde, 1832. *Surgeons.*—H. Alford, 1830; J. Wing, 1830; R. P. Welch, 1831. *House Apothecary.* — C. N. Cornish, 1834: salary £60. *Consulting Surgeon.* —J. Billet.

No library or museum is attached to the hospital; no clinical discourses are delivered; the pupils are the surgeons' apprentices. In-patients admitted Thur.; out-patients prescribed for on Tues. and Fri.; Beds, 36. In-patients treated annually, 250; out-patients, 900; annual expenditure, £600: in-patients chiefly surgical.

There are 5 physicians in the town; 14 surgeons; and 10 druggists, some of whom presume to prescribe. Population, about 12,000.

The Medical Society at Taunton possesses a small library.

### TAUNTON EYE INFIRMARY.—1816.

*Surgeon,*—J. Billett.

March 1835-6, patients admitted, 486; March, 1816-1836, admitted, 7364.

## WARWICK.

### DISPENSARY.

*Physicians.*—Conolly, Luard. *Surgeons.* —Hiron, Wilmshurst, Jaggard. *Dispenser.*—Wilmshurst.

March 1835-1836, one year, patients admitted, — medical, 328, surgical, 19; died, 19. Expenditure, £153. The diseases which proved fatal are published in the Report.

### WARWICKSHIRE NATURAL HISTORY AND ARCHÆOLOGICAL SOCIETY.—1836.

*President.*—C. Leigh. *Honorary Secretaries.*—J. Conolly, J. Twamley. *Honorary Curator.*—G. Lloyd, H. Blenkinsop.

## WARRINGTON (Lancashire).

### WARRINGTON DISPENSARY.—1810.

*Consulting Physician.*—Kendrick. *Physicians.*—Moss, Churton. *Consulting Surgeon.*—Morley. *Surgeons.*—Sharp, Hardy. *Resident Apothecary and Surgeon.*—Robson.

To an interesting statistical abstract in the Report of 1836, we shall again have occasion to refer.

## WEYMOUTH.

### DISPENSARY AND ROYAL INFIRMARY.—1816.

*Consulting Physician.* — Sir J. Meade. *Surgeons.*—A. Larkworthy, jun., S. S. Scriven.

*Report:*—Patients admitted from Oct. 25th, 1835, to Sept. 16th, 1836, 196; received since the commencement in Oct., 1816, to Sept. 16th, 1836, 4,084.

### WEYMOUTH AND DORCHESTER MEDICO-CHIRURGICAL BOOK SOCIETY.

*President.*—Dr. Jackson. *Treasurer.*— G. A. Ellis. *Honorary Secretary.*—J. P. Aldridge.

No other medical institutions exist in Dorsetshire.

### WHITEHAVEN INFIRMARY.

*Consulting Physician.*—R. Falcon. *Consulting Surgeons for Life.*—Dawson, Robinson. *Surgeons.*—Fox, Thompson, Mitchell, Wylie, Mossop, Burns, Wilson, King. *House Surgeon.*—J. Hodgson.

The Surgeons attend daily from eleven till one o clock. Two of them take this duty monthly in rotation.

### WHITEHAVEN DISPENSARY, 1783. —FEVER HOUSE, 1818.

In May, 1830, the two were incorporated, and are now called "*Whitehaven Infirmary and Fever House.*" Open daily from 11 to 1; contains 45 beds: attached is an extensive Dispensary practice. Expenditure in 1835, 320*l*.

State of Registry in 1835:—Patients recommended, 1356; trivial incidents, 2284; dead, 64; remaining on Register, 74.

*Consulting Physician.*—R. Falcon, 1830. *Surgeons for Life.*—E. Dawson, 1830; J. Robinson, 1830. *Assistant Surgeons.*— E. Thompson, T. Mitchell, M. Wylie, J. Mossop, J. Burns, J. Wilson, and R. F. King. *House Surgeon.*—J. Hodgson. Taken from Report of 1835.

## WINCHESTER COUNTY HOSPITAL.

*Established* 1736.—(1835.)

*Physicians.*—E. Phillips, J. Harris. *Consulting Surgeons.*—G. K. Lyford, W. N. Wickham. *Surgeons.*—C. Mayo, H. G. Lyford, W. J. Wickham. *House Surgeon and Apothecary.*—J. Crouch, 1833-34.

## WORCESTER GENERAL INFIRMARY.—*Founded* 1745. Beds, 100.

*Physicians.*—J. Malden, 1818; C. Hastings, 1818; J. Nash, 1826. Attend. every W. and S. at 11.

*Surgeons.*—J. Sheppard, 1819; M. Pierpoint, 1819; T. Carden, 1819.

*House-Surgeon and Apothecary.*—H. Cole, 1815: salary, £80.

No lectures of any kind are delivered.

Fee for medical pupils, 20gs. per ann.; fee for surgical pupils, 30gs. per ann.

No library, but a small museum of morbid preparations.

Patients: admission-day, S. at 11.

The number of country patients in proportion to the town is as 8 to 6.

There are two medical societies in Worcester: the Medical Book Society, consisting of 13 members, secretary, Mr. Sheppard. The Worcestershire Medical Society has 20 members; secretary, Mr. Morris. Members are not confined to the town of Worcester, but reside in different parts of the county. Books circulate among them.

## WORCESTERSHIRE NATURAL HISTORY SOCIETY.

Officers appointed for 1837:—

*President* —The Lord Bishop of Worcester.

*Hon. Curators.*—F. A. Walter, Esq., J. J. Feild, M. D.

*Treasurer and Hon. Secretary.*—John Evans.

The Anniversary is appointed to take place on the birth-day of Linnæus.

Three hundred members. Admission to the Museum or Lectures, 1*s.* for Non-Subscribers. Members subscribing 1g. are entitled to two tickets to each Lecture, and admission to the Museum for their families gratis.

No Transactions have been published, but several Lectures. The Museum contains a collection of British and Foreign Fossils, &c. Library about 400 volumes.

A new building, which will cost about 5000*l.*, has been recently erected for the purposes of the Society, containing a Museum and Lecture-room, each 60 feet long by 30 wide; Curiosity room 30 feet long by 15; Library and Secretary's room.

The Building was opened on the 13th September, by an address from C. Hastings, M.D. F.G.S.

There are committees of statistics, zoology, entomology, botany, geology, and meteorology, appointed for the present year. Members, 270. A course of lectures is delivered every spring and autumn.

There is a small library confined to natural history. The museum is increasing very fast. The Society has published Illustrations of the Natural History of Worcestershire, and two annual reports, containing information on that subject. Lectures have also been published.

Council partly elected from the general body of the members; and the remainder consists of proprietors of fifty pound shares in the museum, which is devoted to objects of natural history and the antiquities of the county.

## WORCESTER LITERARY AND SCIENTIFIC SOCIETY.

Number of members, 200; it has published nothing, but has a library to circulate books among the members.—(1835.)

## YORK COUNTY HOSPITAL.—1740.

*Physicians.*—B. Wake, 1809; H. S. Belcombe, 1832. *Surgeons.*—G. Champney, 1813; H. Russell, 1834. *House Apothecary and Surgeon.*—T. Laycock; salary 60*l.*

The Library contains about 1000 vols.; and there is a Museum just formed. Clinical Lectures are given by Wake and Belcombe once a week. Medical and Surgical Pupils, perpetual fee for attendance, 25gs.

## MEDICAL SOCIETY.—1832.

*President.*—Mr. Swineard.

17 Members. A Circulating Medical Library is connected with the Society.

## YORK SCHOOL OF MEDICINE.

*Anatomy, Physiology, and Pathology*, Hopps. Five days a week at two; 140 lectures, perpetual; First Session, 6g., Second Session, 4g. *Demonstrations*, Hopps. M. W. F. at nine, A. M.; 4g., 3g. *Surgery*, Champney, Henry Russell. M. W. F., at seven, P. M.; 3g., 2g. *Materia Medica*, Needham. M. Tu. T. F., at six, P. M.; 5g., 2g. *Chemistry*, T. Tate. M. Tu. F. S., at eleven, A. M.; 4g., 3g. *Medicine*, Simpson. M. Tu. T. F., at eight, P. M.; 5g., 3g. *Botany*, Rev. W. Hincks. M. W., at seven, P. M.; 2*l.* 12*s.* 6*d.*, 1*l.* 11*s.* 6*d.* *Medical Jurisprudence*, Belcombe. Tu. Th., at seven, P. M.; 2*l.* 12*s.* 6*d.*, 1*l.* 11*s.* 6*d.* *Midwifery*, J. Allen, W. Anderson. Tu. F., at eight, A. M.; 3g., 2g.

Clinical Lectures will be given to the Pupils of the Hospital

### YORK LUNATIC ASYLUM.

*Physician.*—Wake. *Apothecary.*—T. Ellis.

Net expenditure in the year ending May 31, 1836, 5592*l.* Revenue, 8086*l.*

### MEDICAL CHARITABLE SOCIETY FOR THE WEST RIDING OF THE COUNTY OF YORK.

Next Meeting to be held at Bradford.

*President.*—Dr. Thorp, *Leeds.*

*Vice-Presidents.*—Dr. Favell, *Sheffield;* Dr. Thomas, *Wakefield;* Dr. Scholefield, *Doncaster;* Dr. Outhwaite, *Bradford;* Dr. Moulson, *Halifax;* Mr. Richardson, *Harrogate;* Mr. Hare, *Leeds;* Mr. Simpson, *Skipton.*

*Treasurer.*—William Hey, Esq., *Leeds.*

*Secretary.*—Mr. Garlick, *Leeds.*

35 Stewards were also appointed.

The Society comprises between 200 and 300 subscribing members, chiefly, but not exclusively, of the Medical Profession. It has received several donations; and as it appears that the property of the Society may amount to the required sum of 2000*l.* before the Annual Meeting, July 1837, applications for relief will be received at that meeting. The funds have been accumulating for eight years..

The Society is established for the relief of widows and orphans of Medical Men dying in exigent circumstances, and for the benefit of Practitioners in a state of poverty, being at the same time incapacitated by age or bodily infirmity. All benefactors of 10gs., or subscribers of 1g. annually, being *regular* Practitioners, are members of the Society, and no annual subscription of a Member can exceed 1g.

### DONCASTER DISPENSARY.—1792.

*Consulting Physician.* — Dr. Robinson. *Physician.*—Dr. Scholefield. *Consulting Surgeon.* — J. Branson. *Surgeons.* — Moore, Morey, Storrs, Holbrey. *Apothecary and Secretary.*—G. Loxley.

Patients admitted, 1792-1835, 31,355; Oct. 1834-5, one year, 1561; died, 67; expenditure, 447*l.*

## WALES.

It gives us great pleasure to have received notices of some of the Medical Institutions in the Principality, and to devote a section in the *British* Medical Almanack to Wales. The interesting returns of the ages and deaths of patients, by Mr. Ashwin, of Abergavenny, and Mr. Bud, of Swansea, will be found in the Supplement.

### ABERGAVENNY.

### DISPENSARY.—1828.

*Surgeons.*—C. M. Ashwin, T. Batt, T. Steele, W. Steele.

The medicines are supplied by a druggist.

### BRECON.

### BRECKNOCK COUNTY AND BOROUGH GENERAL INFIRMARY. —1834.

The House will accommodate 35 patients; but no more than 6 beds are at present made up.

*Consulting Physician.*—H. Lucas, 1835. *Physicians.*—W. Wynter, 1835; H. J. Lucas, 1835. *Surgeons.*—T. Batt, 1833; T. Armstrong, 1833. *House Apothecary.*—J. North, 1833. Salary, 40*l.*

### DENBIGH.

### DENBIGHSHIRE INFIRMARY AND GENERAL DISPENSARY.—1826.—

A new building has been added, and the Infirmary will now accommodate 40 patients.

*Physicians.*—G. Cumming, 1808; J. Williams, 1836. *Honorary Physician.*— R. P. Jones. *Surgeons.*—Hughes, 1808; Ll. Williams, 1815. *Apothecary.*—R. Jones.

1835.—In-patients admitted, 128; died, 5. Out-patients, 1364; *daily* accidents, 684.

1826-35.—In-patients, 881; out-patients, 30,949.

### SWANSEA.

### INFIRMARY.—1816.—Beds, 18.

*Honorary Physician.*—J. Gibbon, 1822. *Physicians.*—Howell, 1831; Cohen, 1835. *Surgeons.*—G. G. Bud, 1825; W. Roland, 1832. *House Surgeon.*—L. P. Mortimer, 1835.

1832-5.—In-patients admitted in four years, 361; out-patients, 4,652. Average number that attend every other day, 99: one in 10 of the patients is from the town.

A PHILOSOPHICAL AND LITERARY INSTITUTION, established in 1836, now numbers about 180 members.

# HEALTH ASSURANCE SOCIETIES, AND SELF-SUPPORTING DISPENSARIES.

A great number of these Institutions are forming in different parts of the country Mr. Smith states that "above a hundred new Clubs and Dispensaries have been founded in the past year." Among the earliest and most extensive Dispensaries may be mentioned those of Southam, Burton-upon-Trent, Coventry, Birmingham, Walsall, Derby, Rugby, Lymington, and Wellesbourne. Some of the Regulations and Reports are before us; but, for want of documents, we can only give an account of the following.

## COVENTRY BENEVOLENT OR SELF-SUPPORTING DISPENSARY.—1831.

*Consulting Physician.*—R. Arrowsmith. *Surgeons.*—Nankivell, Bicknell. *Dispenser.*—Whitehead.

March, 1835-6, (one year).—Patients attended, 1500. Receipts from free members, 397*l.*; from honorary fund, 169*l.* The sum of 90*l.* from honorary subscribers supplied the medical wants of 2500 persons for the whole year. From the free members' fund 95*l.* 6s. were paid for medicines; 262*l.* to the two surgeons, 40*l.* to the Dispenser.

## CROYDON AND NORWOOD SELF-SUPPORTING DISPENSARY. 1835.

*Medical Officers.*—Thomas, Chalmers, G. Fletcher, C. Bottomley, F. Harris, J. Bird, E. Westall, J. Neville, Toldervy, G. Drummond. *Apothecary.*—T. B. Toovey.

March, 1835-6, (one year.)—335 members admitted, 234 remain on the register; 205 have become patients, 165 been cured, 7 died, and 33 remain under treatment. 284*l.* have been contributed to the honorary fund; the weekly payments of the members' fund amounted to 35*l.* 10s.

## SOUTHAM DISPENSARY.

*Surgeon.*—H. L. Smith.

Open to persons whose earnings *individually* are not sufficient to defray the expenses of medical attendance. The annual subscription for adults is 3s. 6d., for children, 2s. Members out of Southam pay for each journey at the rate of 2s. 6d. if within three miles, and 1s. for every mile above that distance.

Midwifery is not included in the above.

According to the second report,—Oct. 25, 1835—there were then 336 subscribers, 215 adults, and 121 children: 270 had become patients, and 8 had died. The subscriptions from the members amounted to 44*l.* 12s., the fees for journeys to 26*l.*

## SOUTHAM EYE AND EAR DISPENSARY.—1818.

*Physicians.*—C. Wake, P. F. Luard, A. Middleton, J. Rann, A. Robertson' J. Conolly. *Surgeon.*—H. L. Smith.

July, 1836.—In the year preceding, 320 patients admitted; 290 with diseases of the eye, 30 with diseases of the ear. Expenditure, 112*l.*—Cured and relieved since the opening, 4930.

"The distinguishing feature of this Infirmary is the self-support of the in-patients." Men pay 6s., women, 5s., children, 4s. or 3s. 6d. per week for their board.

## BURTON-UPON-TRENT SELF-SUPPORTING DISPENSARY.

Burton-upon-Trent, in Staffordshire, with a population of only 3,400, possesses an institution oi this kind, which has 2,207 members, and a reserve fund of 100l. It is giving the highest satisfaction both to rich and poor. In 1835, the total number of members—men, women, and children—was 2207, and the sick attended were 1131.—*Dr. Bigsby on Dispensaries,* 1836.

## BARHAM DOWNS MEDICAL PROVIDENT SOCIETY.—Established, in 1834, by the Rev. Charles Oxenden.

*President.*—J. P. Plumtre, M.P. *Treasurer.*—Rev. C. Oxenden.

Medical Men to whom the members may apply for advice—Chalk, Long, Pittock, Sicard, Elgar, Mackeson, Sankey, Soulby, Everest. Any other Medical Man may be added to the list by complying with the rules.

The number of Benefiting Members for the year ending Sept. 30, 1836, was 1480.

The Society consists of honorary and benefiting members: the latter of (1) *domestic servants* of farmers, or of other persons in or retired from business, (2) journeymen, (3) apprentices, (4) labourers, (5) boys and girls, (6) single women and widows. A scale of monthly and yearly payments has been fixed for each class; for example, servants pay 9d. a week, or 8s. (in advance) for the whole year; journeymen, 10d. a week, or 9s. a year, &c. The Medical Men make out their bills according to a printed form, and a fixed scale of charges.

# SCOTLAND.

## UNIVERSITY OF EDINBURGH.

*Established* 1582.

### FACULTY OF MEDICINE.

*Chemistry*, 10 a. m. *Practice of Physic*, Home, 11 a.m. *Midwifery*, Hamilton, 3 p. m. *Botany*, Graham, 8 a. m. in summer, and 5 p. m. in winter. *Institutes of Medicine*, Alison, 8 a.m. *Anatomy and Physiology*, Monro, 1 p. m. *Natural History*, Jameson, 2 p. m. *Materia Medica*, Christison, 9 a. m. *Military Surgery*, Ballingall, 1 p. m. *General Pathology*, Thomson, 2 p. m. *Surgery*, Bell, 10 a. m. *Clinical Surgery*, Syme, 4 p.m. *Medical Jurisprudence*, Traill, 9 a. m. in winter, and 11 a. m. in summer. *Clinical Medicine*, Graham, Alison, Christison, and Traill, in rotation, two carrying on the course at the same time, 4 p. m.

The Lectures are delivered daily on all these subjects, except on Military Surgery, on which there are three lectures weekly; Clinical Medicine, on which there are four; Clinical Surgery, on which there are two; and the winter course of Botany, on which there are three every week. Most of the Professors set aside their hour on Saturday for examination of their classes; the rest lecture on that day.

The Library, a general one, and particularly rich in the Medical and Physical departments, is open from nine till four. The volumes are understood to exceed 100,000. The right of borrowing books is necessarily limited; but the students have a spacious consulting-room, which is much frequented.

The Public Museums are, 1. The Natural History Museum, open to the Professors' pupils at most hours; and other students, under particular regulations, may visit it occasionally; the public pay 1s. each visit. 2. The Anatomical Museum, open to the pupils of the Professor of Anatomy; and on payment of an annual fee of 7s., or a composition of 1*l*.1s., to all other students also. Private collections are attached to the chairs of Chemistry, Materia Medica, Institutes, General Pathology, Midwifery, Clinical Surgery, Military Surgery, Medical Jurisprudence, Botany; and most of these are of great value.

The Botanic Garden, a mile and a half from the University, occupies eleven acres. It is maintained at the expense of 1000*l*. a year. It is open from 6 a. m. to 6 p. m. to the pupils of the class, and easily accessible, without payment, to other students or the public, as occasional visitors.

The Medical Students matriculated in the session 1834-35, were 703. The Medical Graduates were, in 1833, 111; in 1834, 110; in 1835, 115.

#### STATUTES OF THE UNIVERSITY OF EDINBURGH, RELATIVE TO THE DEGREE OF M.D. 1833, AND STILL IN FORCE.

Sect. I. No one shall be admitted to the Examinations for the degree of Doctor of Medicine, who has not been engaged in Medical Study for four years, during at least six months of each, either in the University of Edinburgh, or in some other University where the degree of M. D. is given; unless, in addition to three Anni Medici in an University, he has attended, during at least six winter months, the Medical or Surgical Practice of a General Hospital, which accommodates at least eighty patients, and during the same period a course of Practical Anatomy; in which case three years of University study will be admitted.

Sect. II. No one shall be admitted to the Examinations for the degree of Doctor, who has not given sufficient evidence,—

1. That he has studied during courses of six months each of the following departments of Medical Science, under Professors of Medicine in this or in some other University,—Anatomy, Chemistry, Materia Medica and Pharmacy, Institutes of Medicine, Practice of Medicine, Surgery, Midwifery, and the Diseases peculiar to Women and Children, General Pathology, Practical Anatomy, (unless it has been attended in the year of extra academical study, allowed by Sect. 1,) Clinical Medicine, 3 months, Clinical Surgery, Medical Jurisprudence, Botany, Natural History, including Zoology. 2. That in each year of his Academical Studies he has attended at least two of the Six Months' Courses of Lectures, or one of these and two of the Three Months' Courses. 3. That, besides the Course of Clinical Medicine already prescribed, he has attended, for at least six months of another year, the Medical or Surgical Practice of a Ge-

neral Hospital, either at Edinburgh or elsewhere, which accommodates not fewer than eighty patients. 4. That he has attended for at least six months, by apprenticeship or otherwise, the art of Compounding and Dispensing Drugs. 5. That he has attended for at least six months the Out-Practice of an Hospital, or the Practice of a Dispensary, or that of a Physician, Surgeon, or member of the London or Dublin Society of Apothecaries.

Sect. III. No one shall obtain the degree of Doctor, who has not studied, in the manner already prescribed, for at least one year previous to his graduation in the University of Edinburgh.

Sect. IV. Every candidate for the degree in Medicine must deliver, before the 24th of March of the year in which he proposes to graduate, to the Dean of the Faculty of Medicine,— First, A declaration that he is twenty-one years of age; and that he will not be then under articles of apprenticeship to any surgeon or other master. Secondly, A Medical Dissertation in Latin or English, to be perused by a Professor, and subject to his approval.

Sect. V. The candidate must submit to be examined as to his knowledge of Latin; and the Faculty proceed to examine him, either vivâ voce, or in writing; first, on Anatomy, Chemistry, Botany, Institutes of Medicine, and Natural History, bearing chiefly on Zoology; and, secondly, on Materia Medica, Pathology, Practice of Medicine, Surgery, Midwifery, and Medical Jurisprudence. Students may be admitted to an Examination on the first division of these subjects, at the end of the third year of their studies. If any one at these private examinations be found unqualified for the degree, he must study for another year two of the subjects prescribed in Sect. II., under Professors of Medicine in this or in some other University, before he can be admitted to another examination. Should he be approved of, he will be allowed, but not required, to print his Thesis; and if printed, forty copies of it must be delivered, before the 25th day of July, to the Dean of the Medical Faculty. If the candidate have satisfied the Medical Faculty, the candidate shall be summoned, on the 31st of July, to defend his Thesis before the Senatus Academicus; and, finally, if the Senate think fit, he shall be admitted, on the first of August, to the degree of Doctor.

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## ROYAL COLLEGE OF PHYSICIANS.

*Incorporated in* 1681.

### *Resident Fellows.*

*President.* — † J. Thomson. *Vice-Presidents.*—†J. H. Davidson; *J. Hamilton, senior. *Treasurer.* — †T. Spens; *J. Home; *J. Hamilton, junior; *T. C. Hope; *A. Monro; A. Morison; *W. P. Alison; J. Murdoch; W. Ferguson; W. Moncrieff, *Librarian;* W. P. Lander; W. Adam; *†R. Graham; J. S. Playfair; R. Renton; *†R. Christison; J. Abercrombie; G. A. Borthwick; R. Carnegy; E. Turner; W. Beilby; †E. Gairdner; J. Macwhirter; T. Shortt; J. Wood; †R. Poole; R. Grant; R. M. Hawley; J. Thatcher; W. Gregory; R. Lewins; D. B. Reid; J. Mackenzie; M. Robertson; A. Combe; D. Craigie; J. H. Peebles; P. Fairbairn; *T. S. Traill; J. D. Hunter; W. Thomson; J. W. Anderson; J. Smith; J. D. Morries; J. Patterson; R. Spittal.

### *Non-Resident Fellows.*

J. Lind, Portsmouth; R. Stevenson, Newcastle; H. Maclagan; P. Baron, Seaton; G. Wilson, Virginia; J. Fox, Falmouth; J. Macdonnell, Belfast; A. Macdonald, Taunton; A. P. Wilson, London; A. Stewart, Perth; J. H. Cooper, Stamford; G. Dickson; A. Keltie, Perth; C. Landor; G. G. B. Mill, Bath; Sir A. Wilson, Bath; M. Poole, Waterford; Sir W. Franklin, London; S. M'Dowall; A. Mackenzie, Madras; Sir J. M'Grigor, London; W. Gourlay; J. Cheyne, Dublin; J. Muttlebury, Bath; J. P. Johnston, Shrewsbury; D. D. Davies, Sheffield; J. Bigsby, Nottingham; W. E. Leach, London; J. Clark; J. Williamson; S. Fergusson; R. Briggs, St. Andrew's; J. Bower; B. Lara, Portsea; G. Magrath, Plymouth; W. Beatty, Plymouth; A. Nicol; G. Drysdale; W. Pym, London; I. Wilson, Plymouth; D. J. H. Dickson, Bath; R. J. Hume, London; J. Clark, Jamaica; W. Ogilvie, Calcutta; J. Ramsay, Italy; J. T. B. Watt; S. Macmullen, Bridgewater; J. Gillies, Bath; Sir J. K. Grant; J. Butter, Plymouth; W. Arnold, Jamaica; D. Campbell, Lancaster; T. Kidd; T. Maraath, Biggleswade; A. Boyle; J. Murray; J. Mellis, Calcutta; Sir A. Halliday; J. Macdonald, London; P. Ramsey, Liverpool; J. Price, Langollen; A. S. Home, 2nd Dragoon Guards; P. Charles; W. Glover; J. Burnes, Bombay army.

* Professors in the University.
† Council.

*Resident Licentiate.*—J. Sanders. *Non-resident Licentiate.*—A. Reid. *Clerk.*—A. Boswell, W. S.

## ROYAL COLLEGE OF SURGEONS. MEMBERS.

*President.*—W. Brown. *Treasurer.*—T. Lothian. J. Russell; W. Nisbett, M.D., London; ‡*J. Hamilton, M.D.; H. Johnston; J. Walker; ‡*J. Thomson, M.D.; C. Anderson, M.D., Leith; J. Herdmann, M. D., Northumberland; W. Newbigging; J. Cheyne, M.D., Dublin; J. Allen, London; Sir C. Bell, London; L. Flanagan, London; J. B. Johnston, M.D., Kirkaldy; R. Robertson, Lanarkshire; A. Gillespie, M.D.; W. Robertson, M.D., Berwick; J. Wardrop, London; *J. Abercrombie, M.D.; A. Edmonstone, M.D., Lerwick; W. Wood; J. Young; J. Bell; J. Keith; M.D.; D. Hay, M.D.; J. Caird; H. Spalding, M.D., Jamaica; R. Watson; A. M. Ross, M.D.; ‡J. W. Turner; †J. Gairdner, M.D.; W. Bowie, M.D., Bath; J. Lizars; J. M'Neal, M.D., East Indies; A. Hunter, M.D.; D. Maclagan, M.D.; J. Aitkin, M.D.; T. Inglis, M.D., East Indies; A. Tweedie, M.D., London; *J. Thatcher, M.D.; W. Law; R. Liston; A. Fyfe, M.D.; †D. Clark, M.D.; W. Howison, M.D.; W. Campbell, M.D.; J. Macfarlan; †A. Macauley, M.D.; T. Hardy; ‡Sir G. Ballingall, M.D.; R. Hamilton, M.D.; A. Watson; J. A. Robertson, M.D.; †J. Pitcairn, M.D.; T. Mollison, M.D.; E. W. Duffin, M.D., London; †R. Pirie, M.D.; †J. Begbie, M.D.; †J. S. Combe, M.D., Leith; J. Russell, M.D.; ‡J. Syme; R. Nasmyth; B. Bell; †J. Campbell, M.D.; J. Mackintosh, M.D.; D. Johnston, M.D.; G. Johnston, M. D., Berwick; †A. Inglis, M.D.; †W. Dumbreck, M.D.; *W. Thomson, M. D.; R. Knox, M.D.; †J. Simson, M.D.; †F. Farquharson, M.D.; M. Sinclair, M.D., Manchester; A. Messer; A. Bryce, M.D., East Indies; T. Aitkin, M.D.; J. Murray, M.D.; J. Scott, M.D.; W. M. Bathgate; S. A. Pagan, M.D.; G. H. Bell; J. Fletcher, M.D.; H. B. Macfarlane, M.D., Perth; W. Fergusson; J. R. Sibbald, M.D.; A. Warden. M.D.; W. Sharpey, M.D.; G. Gill, M. D.; A. Miller; A. Wood, M.D ; A. J, Lizars; T. Wood; A. Thomson, M.D.; R. Ormond; A. D. Maclagan, M.D.; P. D. Handyside, M.D.; J. H. Balfour, M.D.; P. S. K. Newbigging, M.D.; E. B. Sherriffs; B. Bell.

*Honorary Fellows.*—Sir C. Kerr, of Gateshaw; Sir W. Franklin, Army Medica, Board. *Director.* — Sir J. M'Grigor-General Army Medical Board; J. Lizars, Professor of Surgery. *Conservator of Museum.*—W. M'Gillivray. *Librarian.*—D. Clark. *Clerk.*—W. Scott.

## SCHOOLS OF MEDICINE, EDINBURGH.

Medical Lectures are given at Edinburgh: 1. By the Professors in the University: 2. By Lecturers who are Fellows of the Royal College of Physicians or Surgeons. The Lecture Rooms are in the vicinity of the University. The winter session lasts from the beginning of November to the end of April. The summer session from the beginning of May to the end of July.

In the three autumnal months there are no Lectures, but the Hospital Dispensaries are open to pupils as at other seasons.

The private lecturers illustrate their lectures by demonstrations, &c., wherever practicable; and some of them have collections of great value.

The Anatomical Museum of the Royal College of Surgeons is of considerable extent, and very select, and is open to students who matriculate in the books of the Royal College.

*Apothecary* in Edinburgh means a druggist. Most of the Fellows of the College of Surgeons practise as the English Apothecary, but are paid by fees; many Licentiates of the Edinburgh College of Surgeons also practise in like manner.

## ROYAL SOCIETY, EDINBURGH.

The Keith Medal, with a handsome piece of Plate, is awarded every two years to the Author of the most important paper in the Society's Transactions. The last successful competitors were, Sir David Brewster, and Thomas Graham, Esq. Glasgow.

WERNERIAN NATURAL HISTORY SOCIETY.—Instituted in 1808, for the cultivation and encouragement of natural history. Meets in apartments in the university once a fortnight during the nine months of the college session Publishes Transactions.

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* Also Fellows of College of Physicians. † Examiners. ‡ Professors in the University.

## MEDICAL SOCIETIES.

MEDICO-CHIRURGICAL SOCIETY.—Composed chiefly of the physicians and surgeons of the city, with corresponding members in the country and abroad, meets once a fortnight for the reading of original papers, which are published sometimes in express volumes, but sometimes of late in the Edinburgh Medical and Surgical Journal.

ROYAL MEDICAL SOCIETY, consisting of the senior students and young Practitioners, meets once a-week for discussing papers on assigned subjects, and for hearing medical news. Possesses a very valuable library, in medicine and the collateral sciences, of about 11,000 volumes.

This Society which is numerous, but select, has been long considered a very important addition to the various means of medical education in Edinburgh. It is invariably composed of the best class of students. The fees of admission are moderate.

### ROYAL PHYSICAL SOCIETY.

Composed nearly as the Royal Medical Society, and for similar purposes.

### HUNTERIAN MEDICAL SOCIETY.

Also constituted much in the same manner with the Royal Medical, and for a similar object.

*Presidents.*—J. Maclagan, M.D.; S. Boyd, M. D.; H. Gavin, M. D.; R. Burridge. M. D. *Honorary Secretaries.*—W. H. Neill, G. Schuyler Carden, *Honorary Treasurer.*—A. Liddell. *Members.*—D. D. Foulis, M. D.; M. M. Bartolome; A. S. Thomson; J. A. Fraser. *Librarian.*—T. Borrowman.

Number of members upwards of 500. Meets every Wed. at eight P. M., Nov. to April. Anniversary last Wed. of April. Extent of Library upwards of 1000 vols. A gradually increasing Museum.

*Conditions of Admission:*—Fee, first year, 1*l.* 1*s.*; second do. 10*s.*; third do. 10*s.* The two last may be avoided by reading two Essays to the Society.

### ANATOMICAL SOCIETY.

Instituted in 1833, for the investigation of Animal and Vegetable Anatomy, Physiology, and Pathology. Composed chiefly of young resident Practitioners.

*President.*—Dr. J. Home. *Vice President.*—Dr. J. H. Balfour. *Treasurer.*—Dr. Spittal. *Secretaries.*—Dr. Omond and Dr. Ransford.

Number of members, 54. Meetings every fortnight, except in Aug. Sept. and Oct.

### ANATOMICAL AND PHYSIOLOGICAL SOCIETY.—1833-4.

For the purpose of receiving original communications in Anatomy, healthy, morbid, and comparative; and in Physiology, animal and vegetable.

*Perpetual President.*—R. Knox, M. D., *Vice Presidents for* 1836.—S. Reid, M. D.; J. H. Bennet, Esq.; D. Skae, Esq., and J. Douglas, M. D.

### THE ROYAL INFIRMARY.

The Royal Infirmary accommodates 300 Patients, and is divided into three departments:—1. The surgical wards. 2. The ordinary medical wards. 3. The clinical wards.

*Ordinary Physicians.*—T. Spens, T. Short, D. Craigie, G. A. Borthwick. *Consulting Surgeons.*—Sir G. Ballingall, J. Campbell. *Acting Surgeon.*—J. Lizars. *Assistant Surgeons.*—J. Syme, A. Watson.

Two House-Surgeons also reside in the Hospital.

The Professor of Clinical Surgery is always an Acting Surgeon, and gives Lectures throughout the year on the cases. One of the Ordinary Surgeons also gives a Course.

There are three Physicians' clerks; two reside in the house.

The University clinical wards accommodate 80 patients; and are attended by four of the Professors of the Faculty of Medicine in rotation, two attending at the same time. A Course of Clinical Medicine is also given by the Ordinary Physicians in rotation.

Every medical officer visits his patients regularly once a day, from 12 to 1. Pathological Dissections, from 1 to 2, in the Theatre. Clinical Lectures on Medicine four times a week in the University course, twice by the Ordinary Physicians. Clinical Lectures on Surgery twice a week by the Professor, and also by the Ordinary Surgeon.

## THE ROYAL PUBLIC DISPENSARY OF EDINBURGH.—1836.

*Physicians.*—Hunter, Borthwick, Spittal, Ransford, W. Thomson; one vacancy. *Surgeons.* — W. Ferguson, J. Lizars, A. Millar, B. Bell, A. Thomson, A. Watson. *Vaccine Board.*—Graham, Poole, Howison, B. Bell. *Cupper.* — Sibbald. *Apothecary.*—Liddell.

Three of the Physicians and three of the Surgeons attend in rotation every three months. A Physician and Surgeon are in attendance at the Dispensary daily, Sun. excepted, from 2 to 3 P. M., and one of the Vaccine Board every Wed. and Sat., from 1 to 2 P. M.

Two of the Medical Officers retire annually, when a new election takes place.

Number of Patients seen at the Dispensary, from Jan. 1st, 1826, to 31st Dec. 1835, 35,778; number of Patients seen at their own houses, 31,844; Vaccinations for same period, 3522. Total Patients, 71,144.

## LEITH DISPENSARY, AND EDINBURGH AND LEITH HUMANE SOCIETY.

Humane Soc. inst. 1784.—Disp. 1816.—United, 1825.

*Physicians and Surgeons.*—C. Anderson, C. Cheyne, J. S. Combe, R. Lewins, T. Craigie, J. Coldstream, G. Kirk, W. Bruce. *Resident Surgeon and Apothecary* —A. MacDougall.

Attend M. W. F., at 1 P. M., each two months in rotation.

Number of Patients about 2300 annually.

## GLASGOW.

## UNIVERSITY.

*Founded* 1450.

The Duke of Montrose, Chancellor.

The winter session lasts from Nov. 1, to the 1st of May, when the business of the session closes by a public distribution of prizes.

The summer session begins in May. and ends in July.

The Medical Lectures commence in the beginning of November.

Degrees in Medicine are conferred on the last W. of April, and the first W. of August.

Subjects and Lectures.

*Anatomy and Practical Anatomy.*—Jaffray. *Anatomical Demonstrations.* — Marshall. *Botany.*—Hooker. *Chemistry & Practical Chemistry.*—Thomson. *Diseases of the Eye.*—Mackenzie. *Materia Medica.* — Couper. *Practice of Medicine.*—Badham. *Theory of Medicine.* — Rainy. *Midwifery.* — Cumin. *Surgery.*—Burns.

Dr. Mackenzie's Course lasts only during Nov. Dec. Jan.: Fee, 2g. Fee for the other classes, each, 3g.

## FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.

This is the Licensing Body for Lanarkshire, Renfrewshire, Dumbartonshire, and Ayrshire. Founded 1599.

Examinations throughout the whole year. Fee for Diploma, 7g.

## ANDERSONIAN UNIVERSITY.

*Anatomy and Practical Anatomy.*—Hunter.—*Practice and Theory of Medicine.* —Hannay. *Materia Medica.*—Buchanan. *Surgery.*—Lawrie. *Midwifery.*—Brown. *Medical Jurisprudence.*—Watt. *Chemistry.*—Graham. *Natural Philosophy.*—Wilson.

Fee for Admission to each course, 2g.

## PORTLAND-STREET MEDICAL SCHOOL.

*Chemistry.*—J. M'Conechy. *Surgery,*—Auchincloss. *Medical Jurisprudence.*—Pagan. *Practice of Medicine.*—Weir. *Principles of Medicine.*—Craig. *Anatomy.* — Stirling. *Materia Medica.*—Davidson. *Midwifery.* — J. Wilson. *Mechanical Philosophy.*—Mackie.

## ROYAL INFIRMARY.

*Physicians.* — Balmanno, Burns, Perry. *Surgeons.*—M. S. Buchanan, J. Macfarlane, J. A. Lawrie, A. Buchanan. *Surgeons' Clerks.*—W. Dick, W. M'Kechnie. —*Physicians' Clerks.*—W. Lumsden, C. Black. *Clerk, Fever Hospital.*—J. Bruce. *Assistant Clerk, do.*—B. Hannay. *Apothecary.*—R. M'Gregor.

## ROYAL ASYLUM FOR LUNATICS.

*Physician.* — Balmanno. *Surgeon.* — Cumin.

## LOCK HOSPITAL.

*Physicians.*—W. Cumin, and A. J. Hannay.

## EYE INFIRMARY.

*Surgeons.*—Mackenzie, Rainy. *Assistant Surgeon.*—Wood. Beds, 10.

Annual number of cases, 800. Hour of visit, 1 P. M. daily. Fee for six months, 2g. To those who attend the Eye Lectures in the University, 1g.

### LYING-IN HOSPITAL AND DISPENSARY.

*Professional Attendants.*—J. Wilson, J. Brown.

*Consulting Accoucheurs.*—Maxwell, J. M'Conechy.

*Ordinary Accoucheurs, Hospital Superintendents.*—J. Gibson, G. Watson.

*Assistant Accoucheurs, or Out-door Superintendents.*—A. Stewart, Craig.

*Town's Hospital Surgeon.*—Auchincloss; with 12 district Surgeons, who attend the poor at their own homes.

### UNIVERSITY LYING-IN HOSPITAL, AND DISPENSARY FOR THE DISEASES OF WOMEN AND CHILDREN.

*Physician.*—Dr. Cumin.

### MEDICAL SOCIETY.

*President.*—Dr. Macfarlane. *Vice Presidents.*—Dr. M'Kenzie, Dr. Auchincloss, *Treasurer.* — Dr. Cowan. *Secretary.*— Dr. Lawrie.

### ROYAL BOTANIC INSTITUTION.

*President.*—The Right. Hon. Lord Douglas. *Vice President.*—The Very Rev. Principal Mr. M'Farlane. *Treasurer.*— James Christie, Esq. *Secretary.*—Laurence Hill, Esq. *Curator.*—Mr. Stewart Murray.

### COW POCK INSTITUTION.—1818.

*President.*—Dr. T. Marshall. *Secretary.* —A. Donaldson. *Treasurer.*—Dr. T. Inglis.

### FACULTY OF MEDICINE.

*President.*—W. Buchanan, Esq. *Secretary.* —Mr. W. E. C. Clarke. *Treasurer.*—Mr. J. Adam. *Librarian.*—Mr. Wm. Aitkin.

## ABERDEEN.

### MEDICO-CHIRURGICAL SOCIETY.—1789.

*President.*—A. Cromas, Esq. *Secretary.* —D. Kerr, Esq. *Librarian.*—J. Fraser, Esq. *Curator of Museum.*—R. Rattray, Esq.

Meetings are held on the first Thursday of every month, at 7 P. M.

There is also a junior class of this Society, attended by students, which meets every Tuesday, (and every alternate Saturday during the summer,) at 6 P. M.

*Private Lecturers in Aberdeen.*—*Anatomy* —A. Moir. *Botany.*—Murray. *Anatomical Demonstrations,* (See Anatomy.) *Materia Medica.*—Kilgour. *Midwifery.* —J. Jamieson. *Surgery.*—G. Morgan.

### UNIVERSITY, KING'S COLLEGE.—1494.

*Professor of Medicine.*—J. Bannerman, M. D

### MARISCHAL COLLEGE.—1459.

*Medicine.*—C. Skene, and J. Macrobin. *Chemistry.*—T. Clark.

*Medical School.* — The winter session lasts from the beginning of November to the middle of April; the summer session, from the beginning of May to the end of July.

Subjects and Lecturers.—*Anatomy, Physiology, and Practical Anatomy.*—Pirrie. *Botany.*—Knight. *Chemistry.*—Clark. *Materia Medica.* — Henderson. *Midwifery.*—Fraser. *Practice of Physic.*— Macrobin. *Surgery.*—Laing. *Theory of Medicine.*—Geddes.

THE ROYAL INFIRMARY, founded 1739, can accommodate upwards of 180 patients, who are under the care of Williamson, Ewing, Laing, and Cromar. In 1834, in-patients admitted, 1282; out-patients, 1076; annual expenditure, 1900*l*. Once a year Dr. Laing gives a three months' course of Clinical Medicine.

In 1833, the average number resident was nearly 120; the total treated, 1440; deaths, 87. Fifty-seven deaths occurred in 652 cases of fever; one death in 21 capital operations.

### LUNATIC HOSPITAL.—1800.

*Physician.*—J. Macrobin. *Surgeon.*—J. Will.

Number of patients admitted since it was opened in 1800, 998; of whom have recovered, 369. Dismissed, improved, 143. At desire of friends, unimproved, 181. Dead, 206. Remaining in the Hospital, 1st May, 1836, 107.

### UNIVERSITY OF ST. ANDREW'S.— *Founded* 1412.

*Medicine.*—R. Briggs.

Dr. R. Briggs commences his course of lectures on the first Th. in Nov., and terminates on the last Fr. in April.

*Conjunct Examinators with the Professor of Medicine.*—J. A. Robertson, M. D. A. Lizars, Esq., J. Mackintosh, M. D., W. Gregory, M. D.

Any three, with the Professor of Medicine, form a quorum.

# GRADUATIONS AND SURGICAL EXAMINATIONS AT EDINBURGH.

On the 1st of August, 1836, the Senatus Academicus of the University of Edinburgh conferred the degree of Doctor of Medicine on the following gentlemen, in number one hundred and twenty-six, after having gone through the appointed examinations, and defended publicly their inaugural Dissertations:—

*Of Scotland.*

E. Alexander, on Neuralgia
A. D. Bain, Apoplexy
R. C. Bell, Aneurism.
S. Boyd, Mucous Membrane of the Stomach
A. Brown, Fevers and Inflammation
C. Brown, Tetanus
W. Burnie, Varicose Veins
J. J. Cadell, Tubercle
G.S.S.Clarke, Acute Peritonitis
W. Coke, Adhesion of Wounds
A. Cox, Sympathy of the Brain and Spinal Marrow
W. Craigie, Scarlet Fever
P. Davidson, Hepatitis
W. Dennison, Apoplexy
F. Douglas, Formation of the Secretions
H. Duncan, Syphilis
C. Durie, Aneurism and the Obliteration of Arteries for its cure
J. F. Fergus, Statistics of Consumption
J. H. Forsyth, Moving Powers of the Circulation
H. Gavin, Formation of Bone
J. Hendrie, Inguinal Hernia
J. Hill, Peritonitis
G. C. Hope, Hydrocele
H. Imlach, Diseases of the Stomach
F. W. Innis, Mortality which prevails among Europeans on first arriving in India
E. G. Irving, Properties of the Leguminosæ
J. Johnson, Delirium Tremens
J. S. Kilgour, Peritonitis
J. Lorn, Effects of Iodine on the Human Body
Dav. Macfarlane, Asphyxia
Don. Macfarline, Tetanus
D. M. M‘Ewan, Hydrocyanic Acid
W. M‘Kinnan, Asphyxia
G. Macnab, Botany of the Forfarshire Coast
A. L. Moffat, Dropsy
J. Mure, Secretions and the Nervous System
E. Nelson, Planto-geography
S. Palmer, Phthisis Pulmonalis
R. Paterson, Mercurial Trembling
W. Primrose, Moving Powers in the Circulation, &c.
D. H. Robertson, Bronchocele
J. Robson, Pseudo-Inflammatory Appearances of the Mucous Membrane of the Stomach, &c.
J. Scott, Epilepsy
S. Somerville, Hydrocele
J. F. Thomson, Curvature of the Spine
T. B. Watson, Necrosis
W. J. Whyte, Cynanche Laryngea
D. E. Wilkie, Acute Pericarditis
W. Williamson, Morbus Coxarius
T. Williamson, Empyema.

*From England.*

J. Beaumont, some Diseases of the Heart
G. J. Bompas, State of the Mind in relation to Jurisprudence
J.B.Bryan, Theories of Sounds, Motions, and Impulse of the Heart
J. C. Bulteel, Is Healing by the first Intention always the result of Inflammation?
R. Burridge, Treatment of Tubercular Kidney
R. Caton, Phenomena of Sympathy
E. Charlton, Lead Colic, compared with the Colic of Poitou, West Indies, &c.
G. D. Cox, Functions of the Spleen
J. Currie, Hydrocephalus
R. Elliot, Adaptation of Vision to Distance
A. Fairbrother, Metallic Colic
I. E. Featherston, Functions of the Brain
B. C. Furniss, Scrofulous Diathesis
J. T. Hansard, Asphyxia
J. Heygate, Tic Douloureux
J. F. Hodgson, Enteritis
J. Jones, Origin of Springs and Rivers
R. Kinnear, Cow-pox
J. G. Pack, Delirium Tremens
T. Palethorpe, Use of Stimuli in Fevers
T. P. Richmond, Colour of the Blood
T. B. Salter, Medicinal Properties of Plants
J. Standen, Excision of the Uterus
J. M. Stokes, Uses of Secale Cornutum
N. Tyacke, Thoracic Diseases
W. Watts, Hysteria
W. H. Willshire, Chemical Changes produced on the Air and Blood by Respiration.

*From Wales.*

D. Prothero, Signs of Pregnancy
C. R. Vachell, Acute Pleurisy
D. Walters, Pathology of do.

*From Ireland.*

W. Beamish, Continued Fever
W. Browne, Gout
J. Browne, Dyspepsia
J. F. Burke, Uterine Hæmorrhage
J. Campbell, Treatment of Diabetes
J. W. Chambers, Injuries of the Head
H. Cloran, Scarlatina
D. Costelloe, Pneumonia
R. Day, Empyema
G. Dillon, Peritonitis of Puerperal Women
V. Duke, Pneumonia
J. S. Glover, Diseases of the Larynx and Trachea
C. E. Homan, Acute and Chronic Gout
G. Humphreys, Inflammation of the Thoracic Viscera

T. Kehoe, Intestinal Tube and Peritonitis
W. MacCaskill, Application of Cautery to Diseased Joints
R. Massy, Difficult Dentition
J. Neilson, Utility of Dispensaries conjoined with Hospitals
J. M. Neligan, Tubercular Phthisis
J. Owen, Scarlet Fever
S. Persse, Hydrothorax
J. Scott, Stricture of Urethra
W. Starkey, Puerperal Fever
J. J. Timmon, Hooping Cough
W. H. Walshe, Acute Hydrocephalus, or Cerebral Fever, &c.
J. Waters, Pathology of Peritonitis
J. H. Whittaker, Evidences of Pregnancy.

*From Abroad.*

H. G. Alleyne, from Barbadoes, Eye
R. S. Black, from Nova Scotia, Morbus Coxarius
L. Q. Bowerbank, from Jamaica, Feigned Diseases of Soldiers and Sailors
C. J. G. De Boyesku, from Greece, Syphilitic Virus
E. J. Burton, from Canada, Delirium Tremens
C. A. B. De Caux, from France, Coup d'Œil sur les Luxations Simples
C. Cogswell, from Nova Scotia, Predisposing Causes of Urinary Concretions
T. Duncan, from Grenada, Tetanus
R. Dunlop, from Berbice, Asphyxia from Submersion
J. E. Hewett, from Barbadoes, Tetanus
J. M'Lagan, from Demerara, Absorption
W. Macinder, from Canada, Dyspepsia
J. Paul, from Jamaica, Variola
J. B. Thomson, from Bengal, Misplaced Gout
G. C. Wallich, from India, Pneumonia
J. Wilkinson, from South America, Inflammation.

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*Surgeons' Hall Edinburgh*, 1*st September*, 1836.—Since 31st August, 1835, the following Gentlemen have offered themselves as Candidates for the Diploma of the Royal College of Surgeons of Edinburgh, and after producing satisfactory evidence that they had completed the course of study prescribed by the College, have been admitted to examination, and found fully qualified to practise the arts of Anatomy, Surgery, and Pharmacy, and have received Diplomas as Licentiates of the College accordingly.

*Scotland.*

D. Booth
A. M'Lellan
A. Stein
J. Cowpar
R. Johnston
W. Lumsden
A. Laurie
J. Dunsmure
D. Skae
A. Hunter
W. M'Kechnie
W. Montgomery
R. Waugh
L. Jameson
C. Black
J. Law
W. Steele
J. Lorn
E. Alexander
R. Christie
C. Brown
A. S. Thomson
H. Johnston
G. F. Hay
D. G. Niven
D. Robertson
T. G. Johnston
W. Robertson
D. Macfarlane
A. Dickson
D. Johnston
A. Blacklock
R. M'Hattie
W. Williamson
J. B. Weir
R. C. Bell
S. Boyd
G. MacNab
R. Walker
J. R. Johnston
A. C. B. Neill
T. Somerville
J. Hendrie
H. Thomson
G. Hood
D. Ritchie
A. Davidson
W. T. Anderson
W. M'Kinlay
A. Blair
W. Walker
B. J. M'Whir
R. A. M'Dougall
F. M. Thomson
W. Burnie
G. Lumgair
G. Lucas
D. C. MacDonald
J. Oliver
W. M'Kinnan
W. Primrose
J. Stewart
J. Mure
T. Moffat
J. Johnston
J. Ramage
J. Coats
G. S. Beatson
T. Williamson
P. Cannan
T. Cannan
A. Ramsay
W. Dickson
A. Brown
H. Imlach
J. J. Cadell
G. Cossar
J. G. Wood
J. Johnston
W. L. Laurie
T. Murray
G. Rae
T. B. Watson
J. F. Thomson
F. Harkness
W. Bell
A. Duncan
B. Horsbrugh
J. Wallace
W. C. Common
J. Hobb
T. Crawford
W. T. Weir
W. H. B. Ross
J. Macaulay
W. Orr
W. Macaulay
W. Henderson
J. Johnston
R. Leslie
R. Braid
R.H. S. Clanahan
J. S. Innes.

*England.*

S. Smith
G. Fearnley
J. W. R. Dickson
J. H. Martin
E. Pierce
J. G. Cooper
W. H. Brownson
T. Palethorpe
J. B. Bryan
W. Pringle
G. P. May
T. B. Salter
N. Tyacke
T. P. Richmond
J. F. Hodgson
R. C. Guise.

*Ireland.*

D. Scannell
J. S. Prendergast
J. Fitzsimons
J. D. M'Diarmid
R. Rodgers
A. Hartnett
J. Owen
C. Scott
J. R. O'Bryen
J. Reed
W. L. Methven
C. Ferres
E. J. Burton
R. Wilson
J. Richards
J. Campbell
C. Douglas
J. W. Crawford
D. Costelloe
J. Browne
T. Kehoe
W. Beamish.

*Abroad.*

C. C. H. Grant
D. A. Carnegie
J. B. Thomson
J. J. Henderson
T. J. Stirling
L. Q. Bowerbank
J. A. Dunbar
G. F. Thomson
A. W. Campbell
J. A. Fraser
J. Wight
W. H. Tucker
J. E. Cummins
T. Duncan.

# IRELAND.

## DUBLIN.

### KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

On the 18th day of every month, (should that day be a Sunday, then on the ensuing Monday,) the President of the King and Queen's College of Physicians in Ireland holds, at the College Hall, Grand Canal-street, an assembly of the Fellows and Licentiates of the College, and of visitors who may be invited, at 8 in the evening, terminating at 10, for the purpose of scientific discussions, and for receiving communications on medical subjects.

### THE ROYAL COLLEGE OF SURGEONS IN IRELAND,

Was founded by Royal Charter in 1784; since which period, various sums have been voted by Parliament for the erection of the necessary buildings, and the establishment of a school of Anatomy and Surgery, amounting altogether to 35,000*l*.

In 1828, the members, finding the existing charter disabled them from adopting improvements suited to the changes which had taken place in medical education generally, applied for and obtained a new Charter, under the authority of which the present system of education has been adopted.

The buildings of the College consist of a large Meeting-room for Members, Committee-rooms, Offices, Library, three Museums, Examination-hall, four Theatres for Lectures and Demonstrations, a Chemical Laboratory, and Laboratories for the Professors of Materia Medica, and Medical Jurisprudence, a large public Dissecting Room, and several smaller private ones, with every necessary accommodation.

The affairs of the College are conducted and controlled by the Members at large, and the details managed by Committees elected annually. No member receives any salary or pecuniary reward for his services as Examiner, or in any other capacity, except the Curator of the Museum. The fees paid by pupils for examination and admission are solely appropriated to the support of the Institution. There are about 500 Members and Licentiates.

The Winter Session commences on the 27th of October, and terminates on the 30th of April, during which period the following Courses of Lectures are delivered:—

Twelve Public Lectures on *Comparative Anatomy*, by one of the Professors of Anatomy and Physiology. *Anatomy and Physiology*, Jacob, Harrison. *Theory and Practice of Surgery*, Colles, Wilmot. *Chemistry*, Apjohn. *Practice of Medicine*, Benson. *Materia Medica*, Macnamara. *Midwifery*, Maunsell. *Medical Jurisprudence*, Geoghegan.

The Anatomical Demonstrations and Dissections are conducted by the Professors of Anatomy, assisted by the Demonstrators, Benson, Houston, Campbell, Dillon.

Dr. Apjohn admits into the Laboratory operating pupils, who are instructed in the different branches of Practical Chemistry.

Fee for each Course of lectures, 2 g.; for Dissections and Demonstrations, 4 g.; Practical Chemistry, 6 g.

The extensive Library of Sir Patrick Dun is kept in the central part of the building, adjoining the hall of the College of Physicians, and the Librarian lends out the books to students, on their leaving a deposit, and paying a subscription of ten shillings per annum.

### SIR PATRICK DUN'S HOSPITAL.

Sir Patrick Dun's Hospital, which is under a Board of Governors, consisting of the Visitors, President, and Censors of the College of Physicians, the Provost of Trinity College, and of twelve persons annually elected, contains 80 beds exclusively devoted to medical cases. A year's attendance on this Hospital is required for a degree in Medicine in the University of Dublin. During the Winter session, '0 beds are appropriated to the Clinical Professor for the time being.

### SCHOOL OF PHYSIC.

At twelve o'clock the Hospital is visited by the Clinical Lecturer.

*Materia Medica.*—Crampton. *Anatomy.*—Macartney. *Chemistry.*—Barker. *Practice of Medicine.*—Lendrick. *Institutes of Medicine.*—Graves. *Midwifery.*—Montgomery. *Botany.*—Allman.

The Lectures on Anatomy, Chemistry, and Botany, will be delivered in Trinity College.

The Lectures on Materia Medica, Practice of Medicine, Institutes of Medicine, Midwifery, and Clinical Lectures, at Sir Patrick Dun's Hospital.

Demonstrations will be given in Trinity College by Macartney, Nolan, and Carlile.

Operating Pupils instructed in General and Pharmaceutic Chemistry, at the Chemical Laboratory of Trinity College.

The license of the College of Physicians may be obtained by non-graduates after a period of four years occupied in Medical Study as prescribed by the College.

## RICHMOND HOSPITAL SCHOOL OF MEDICINE.

North Brunswick-street.

*Anatomy, Physiology, Pathology.* — Flood, Power. *Surgery.*—Adams, Hutton, Flood, Smith. *Medicine.*—Green. *Medical Jurisprudence.*—Nunn. *Midwifery.*—Churchill. *Chemistry.*—Barker. *Materia Medica.* — Cullen. *Demonstrations.* — Mayne.

The building in which the Course of Medical Education is conducted contains an extensive Museum, two ample Theatres, and many well-ventilated apartments for Dissection.

The Richmond Hospital (which is in the immediate vicinity of the School) contains 120 beds, exclusively allotted to the accommodation of patients labouring under Surgical diseases.

*Surgeons to the Richmond Hospital.*—

Peile, Carmichael, Hutton, O'Beirne, Adams, Macdonnell.

Terms for attendance, 7 g. for six winter months; 5 g. for six summer months.

## SCHOOL OF ANATOMY, SURGERY, AND MEDICINE,

15, Digges-street.

*Anatomy, Physiology, and Pathology.*—W. Hargrave. *Surgery.*—W. Auchinleck, W. Hargrave, B. Alcock. *Medicine.*—J. Carrigan. *Materia Medica.*—P. Hunt. *Midwifery.*—R. L. Nixon. *Botany and Zoology.* — I. Aldridge. *Medical Jurisprudence.*—C. O'Reilly. *Anatomical Demonstrations.*—W. Jameson, P. Beven.

## JERVIS-STREET HOSPITAL.

A Registry of the cases is carefully kept; practical instructions are given on the application of the Stethoscope, and the Physicians, in rotation of their attendance, deliver a Clinical Lecture every Friday, at eight o'clock, a. m.

Fee:—For One Year, three guineas: for Six Months, two guineas.

## SCHOOL OF ANATOMY, MEDICINE, AND SURGERY, Park-street.

The Winter Courses of Lectures commenced October 31st, at three o'clock, and terminate the last week of April.

*Anatomy, Physiology.*—Cusack, Porter, Hart. Daily, one, p. m. *Surgery.* — Cusack, Porter, Hart. T., W., Th., S., at three p.m. *Medicine.* — W. Stokes. M., W., F., at two p. m. *Materia Medica.* —Reed. Three days a week. *Midwifery.* Beatty. Three days a week. *Chemistry.* —Williams. Three days a week. *Medical Botany.*—Corbet. *Medical Jurisprudence.* ————. Two days a week. *Anatomical Demonstrations.* — Alcock, Wilkin, Goodall. Daily.

Fee to each Course, 2 g.; Anatomical Demonstrations, 4 g.

## LYING-IN HOSPITAL.

The Hospital contains 140 beds, and about 2500 patients are annually admitted.

Clinical instruction is strictly attended to.

There is accommodation for six internal pupils.

External pupils, six months, 10gs.

## HOSPITALS IN IRELAND.

Dublin, 1831.

(From Mr. Denis Phelan's work.)

| | Expend. | In-patients in one year. | Beds. |
|---|---|---|---|
| Jervis-street . | £1303 | 561 | 35 |
| Mercer's . . | 1858 | 721 | 55 |
| Steevens's . . | 4891 | 1232 | 233 |
| New Meath . . | 1669 | 886 | 61 |
| Richmond Surgical | 4122 | 1426 | 120 |
| Whitworth Chronic | 2418 | 837 | 82 |
| Sir Patrick Dun's | 2610 | 815 | 70 |
| Baggot-street . | 766 | 422 | 52 |
| 31 *County Infirmaries* . . . | £22821 | 8126 | 1061 |

Mean number of patients resident in the 31 hospitals, about 900: each patient remained on an average 38·3 days under treatment; and the mortality in this time was 3·75 per cent.

## MEATH HOSPITAL AND COUNTY OF DUBLIN INFIRMARY,

Long-lane, Stamer-street.

Lectures will be delivered by the following gentlemen, in rotation, according to their respective months of attendance:—

*Medical Lectures.* — R. J. Graves, W. Stokes. *Surgical Lectures.*—P. Crampton, C. Rooney, R. Macnamara, W. H. Porter, M. Collis, J. Smyly.

Attendance at this Hospital constitutes an *Annus Medicus.*

All Lectures at half-past 8 A. M.

### MERCER'S HOSPITAL,

William-street.

*Physicians.* — C. Lendrick, J. Osborne. *Surgeons.*—F. L'Estrange, A. Read, W. Auchinleck, W. Daniell, A. Palmer, W. Tagert.

Pupils of two years' standing in the Hospital, who shall have been approved of, after an examination by the Medical Board, will be eligible to fill the office of Intern Pupil, and Dressers will be selected from amongst the most diligent members of the class.

A Lending Library and Museum are attached to the Institution.

### SCHOOL OF ANATOMY, MEDICINE, AND SURGERY,

27, Peter-street.

*Anatomy, Physiology, Surgery, Pathology.* —Ellis, Brenan, Madden. *Practice of Physic.*—Nolan. *Botany and Zoology.* —Murta. *Materia Medica.*—Hanlon. *Medical Jurisprudence.*—Baker. *Midwifery.* — H. Carmichael, F. Power. *Practical Anatomy.* — Ellis, Brenan, Madden, Sutton.

### ORIGINAL PETER-STREET SCHOOL.

*Anatomy and Physiology.*—Hayden. *Surgery.*— Tagert, Hayden. *Midwifery.*— Ireland. *Materia Medica.* — Bellingham. *Natural History and Botany.*— Mitchell. *Demonstrations.* — Evans, Corbet.

### ST. VINCENT'S HOSPITAL,

Stephen's Green, Dublin.

*Medical Officers.*—J. M. Ferrall, O. B. Bellingham, H. Marsh, Philip Crampton. Clinical Lectures, illustrated by Drawings, Casts, and Preparations, are delivered during the Session.

This Hospital contains 60 Beds.

## CORK.

### SCHOOL OF PHYSIC AND SURGERY.

Conducted by J. Woodroffe, E. R. Townsend, Christopher A. Bull, J. R. Harvey, D. Cantillon, J. R. Wherland.

The Pupils can have the privilege of witnessing the Medical and Surgical Practice of the South Charitable Infirmary, and House of Industry Hospital; at both which Establishments Clinical Lectures will be given.

Students are plentifully supplied with Subjects, and have every facility for Dissection. A small Library of Elementary Medical Works has lately been attached to the School for their convenience.

### SOUTH CHARITABLE INFIRMARY.

*Physicians.*—Herrick, Harvey. *Surgeons.* —Woodroffe, Bull. *Resident Apothecary.*—M'Evers.

### NORTH CHARITABLE INFIRMARY.

*Physicians.*—Casey, Warren. *Surgeons.* —Howe, D. Bullen. *Resident Apothecary.*—P. Hovenden.

### FEVER HOSPITAL.

*Physicians.*—Beamish, Pickells. *Extraordinary.* — Cantillon. *Consulting.* — Daly. *Resident Apothecary.*—Downing.

### LYING-IN HOSPITAL.

*Physicians.*—Herrick, Copinger, Warren, Harvey.

### GENERAL DISPENSARY, AND HUMANE SOCIETY.

*Physicians.*—Sharkey, Copinger, O'Flyn, O'Connor, Smith. *Surgeon.*—Fowler. *Resident.*—Wall.

### LUNATIC ASYLUM.

*Physicians.*—Osburne, Hobart.

# SUPPLEMENT.

## THE RISE AND PROGRESS
OF THE
## PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

To any person, who reflects upon the present state of knowledge in this country, there must arise a conviction, that the good organization of scientific societies is a matter of deep importance, and is likely to be productive of incalculable advantage in assisting its advancement. In no civilized country in Europe has the government been so little attentive to the interests of science as that of Great Britain. We will not stay to inquire into the causes of this apparent indifference, but taking the fact as granted, it may be urged as a reason why the great body of the community should not partake of this apathy; but, on the contrary, should render it more imperative upon them, if they wish to keep pace with other countries in scientific discoveries, that they should voluntarily come forward and combine together for this very important object. The many societies that have been formed in this country, with the view of promoting the cultivation of different branches of science, attest the warm interest taken by this enlightened nation in these pursuits, and ought to awaken those who have the direction of the affairs of state to a due sense of their importance. Of all branches of knowledge, perhaps medicine stands more in need than any other, of that aid which is to be derived from the attention of a great number of observers being directed to the careful collection of facts on a large scale; from which, on the true principles of the inductive philosophy, correct conclusions can alone be established. Independent of this, it is universally admitted, that the great national medical institutions of this country by no means fulfil what is required from them at the present day. Neither the College of Physicians, nor the College of Surgeons, nor the Apothecaries' Company, seems, as a body, to take any interest in endeavouring to advance the progress of medical science; for, on all questions relating to the improvement of the healing art, these institutions are inactive.

Seeing that these things are undeniable, it makes us anxiously inquire whether any institutions are in existence, which are likely to prove in some measure subsidiary to those inquiries which the present state of medical science forces upon our attention. It is gratifying to reflect, that, in this metropolis, medical societies have long been formed, which have in some degree remedied the evils arising from the defective state of our national medical institutions.

Such, however, has not been the case in the provinces. The provincial medical profession have been, until very lately, unaware of their own existence, as a body, in the community, and have consequently never attempted to pursue certain important medical inquiries which they alone have the power of successfully making. We hail, however, the establishment of the Provincial Medical and Surgical Association, as a happy omen that medical practitioners in the country have at length become aware that important duties rest upon them, and that they will fulfil them faithfully.

It is now four years since this institution was formed, a meeting having taken place, for that purpose, at Worcester, July 18th, 1832. We are told by Dr. Hastings, who took an active part in originating the Association, and who, indeed, stand in the enviable situation of being regarded as its founder, that he was led to consider the practicability of forming an extensive combination of provincial practitioners for the advancement of medical science, from the success which attended the Midland Reporter, a quarterly publication, the first number of which issued from the Worcester Press on the 1st of August, 1828 ; and the last on the 1st of May, 1832. These four years' experience, in conducting that work, convinced the editors who were engaged in it, that provincial labourers were neither few nor of small value, and induced them to believe that the more extended enterprise of establishing a Provincial Medical Association would almost certainly meet with encouragement and support. They were also strengthened in this conviction by the increasing importance of provincial hospitals, infirmaries, and dispensaries ; as they considered the medical officers of these institutions would gladly cooperate with them in doing their utmost to establish an association which might become instrumental in extending the usefulness of these sanctuaries of sorrow, by giving the physicians and surgeons attached to them an opportunity of recording many interesting cases, and of thus elucidating many obscure parts of pathology, by throwing light on the only correct elucidation of disease, morbid anatomy. They were likewise aware of the onward movement which was being given to medical education by the establishment of provincial medical schools, whose disciples, they believed, would in a few years become able and zealous labourers, in endeavouring to effect a better system of provincial medical organization. They moreover felt, that in order that facts should be sufficiently abundant, it is necessary they should be derived from a wide field, and from numerous contributors. But the duties and the cares of life prevent many from paying their mite into the treasury of knowledge, unless when arrangements are made for inciting to industry and facilitating communication.

On this ground, the proposal was made to associate all classes of the profession, resident in the provinces, together, so as to induce as many as possible of the provincial medical practitioners of England to rally round a common centre, in a comprehensive, co-operating Institution, which, by collecting the results of individual experience, and bringing the energies of many minds to bear on those unsettled points which have subjected medicine to the imputation of being considered a conjectural art, might continue to redeem its character, and to give to its operations more precision and greater certainty.

The foregoing views having been favoured with very general approval, and with promises of very extensive co-operation, a meeting of the profession was called, by public advertisement, at the Board Room of the Worcester General Infirmary, on Thursday, July 19, 1832. At this meeting, some of the most distinguished medical practitioners of the provinces attended; and the chair was ably filled by the venerable Dr. Johnstone, of Birmingham. On that day the Association was formed, and placed under the management of a president, two secretaries, and a council; all of whom it was determined should be annually elected at a general meeting of the members convened for that purpose, at whichever of the large provincial towns should be appointed, the place of such meeting being prospectively notified each year.

On this occasion, Dr. Hastings, of Worcester, delivered an address, in which he explained the views which he took of the advantages that were likely to ensue from the Association; and stated the following, as among the most desirable objects that might engage the attention of its members.

"1st.—Collection of useful information, whether speculative or practical, through original essays, or reports of provincial hospitals, infirmaries, or dispensaries, or of private practice.

"2nd.—Increase of knowledge of the medical topography of England, through statistical, meteorological, geological, and botanical inquiries.

"3rd.—Investigation of the modifications of endemic and epidemic diseases, in different situations, and at various periods, so as to trace, so far as the present imperfect state of the art will permit, their connexions with peculiarities of soil or climate, or with the localities, habits, and occupations of the people.

"4th.—Advancement of medico-legal science, through succinct reports of whatever cases may occur in provincial courts of judicature.

"5th.—Maintenance of the honour and respectability of the profession, generally, in the provinces, by promoting friendly intercourse and free communication of its members; and by establishing among them the harmony and good feeling which ought ever to characterize a liberal profession.

"As one great means of carrying into effect these objects," Dr. Hastings continues, "it is proposed to hold an annual meeting of the members at some one of the provincial towns, changing the place of meeting each year; which meeting will not only be instrumental in producing friendly intercourse between all the members of the Association, however separated by distance from each other; but it will also be dedicated to the promotion of medical science, as one of the members will be annually appointed to give a history of medicine during the past year, or an oration on some subject connected with medical science, or a biographical memoir of some eminent cultivator of medical science resident in the provinces. This retrospective view of medicine alone will tend to stamp a considerable value upon the proceedings; because nothing can be more proper than that, at stated periods, reports should be made of the advancement of a progressive science; and nothing can be more likely to stimulate to renewed exertions those who have been toiling hard in the field of knowledge, than to look back and discover, that a harvest, more or less abundant, has been reaped as the fruit of their exertions."*

The success of the Worcester meeting was as complete as the most sanguine expectations of the founders of the Association could desire; and so great was the interest taken in this effort to organize the profession in the provinces, for the advancement of knowledge, that numerous communications were soon sent to the council for publication, and, in the course of a few months afterwards, the first volume of the Transactions of the Association appeared, which contained valuable and interesting papers on most of the subjects chosen as especially worthy of being cultivated by the members of the Association; and it is worthy of remark, that several of these memoirs were illustrated by lithographical drawings, the execution of which was highly creditable.

The next meeting of the Association was its first anniversary, which was held at Bristol, on the 19th of July, 1833, under the presidency of Dr. Carrick. So great had been the interest excited in behalf of the Society, that the number of its members had already reached to three hundred and forty, and nearly two hundred of them assembled in the Committee Room of the Bristol Infirmary, where a profound and eloquent address was delivered by Dr. Barlow, of Bath, in which he ably sketched the provincial occurrences of the past year, and particularly noticed the ravages of the cholera, which had so recently alarmed the inhabitants of Europe.

The second year of the existence of the Association was marked by an equal degree of vigour in its proceedings as the first. During this year a second volume of the Transactions was published, equal, in every respect, to the first, and having this additional recommendation, that it contained three able Memoirs on Medical Topography; one from the pen of Dr. Forbes, on the Medical Topography of Landsend; one from Dr. Carrick and Dr. Symonds, on that of Bristol; and the last from Mr. Watson, on the Medical Topography of Stourport. We will pause here to remark, that we consider the establishment of this Association as particularly calculated to effect the advancement of our knowledge of this branch of medical science, which, for some unaccountable reason, has been hitherto most strangely neglected in this country; and even now, if we may judge from the indifference implied towards it in a review of the Fourth Volume of the Transactions of the Association, does not receive so much encouragement as it deserves. Medical topography is a subject on which the members are particularly called upon to exert themselves. It yet remains as a reproach to Englishmen, that they have done less than their continental brethren in this very important branch of medical learning. To provincial practitioners we must look for the supply of this deficiency. They alone, in their different localities, have the means of remedying this defect, and of supplying a more perfect system of medical topography than we at present possess. If they do this, it can then no longer with truth be said, that whilst the physicians of France, Italy, Sweden, Denmark, Holland, and Germany, and other continental states, have all contributed, more or less, to the formation of a national medical topography, England alone has done nothing, or next to nothing, on this subject.

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* An Address delivered by Charles Hastings, M.D., "Transactions of Provincial Medical and Surgical Association."—Vol. i., pp. 10, 11.

The second anniversary was held at Birmingham, on the 18th of July, 1834, when the members had increased to four hundred and fifty. Dr. John Johnstone, who was the president, well observed, "Never did any occasion present itself more pregnant with congratulation to any society than that which it now offered, when an assemblage of learned men, professors of the art of healing in its various branches, more numerous, perhaps, than was ever assembled for the same purpose before, has met, with disinterested zeal, from parts of this kingdom so remote." An admirable address was delivered at this meeting by Dr. Conolly, of Warwick; in the course of which he said, "We have no reason to apprehend that our successors will look back on the first proceedings of the Association with any feelings but those of respect: they will see that our regards, not narrowed to our own little day, were extended forward to their days, and to the hidden days beyond them. Animated by the same pure ambition as the founders, I trust they will carry on medical knowledge beyond the point at which they themselves became engaged in the pursuit; and, in their turn, will cheerfully transmit it, by them increased, to other generations, by whom, with the permission of Providence, it may be more and more cultivated to the end of time."

The interest of the proceedings at the Birmingham Meeting was also increased by two Reports on separate branches of medical science; the one on the Chemistry of the Blood, by the late Mr. Jennings; and the other on the Present State of our Knowledge of Anatomy, by Mr. Turner, whose eloquence and perspicuity, in delivering this report orally, was the astonishment of those who had the good fortune to hear him. It is much to be desired, that such reports should be continued to be given in to the Association; for, as Professor Whewell well remarks, "A collection of reports concerning the present state of science, drawn up by competent persons, is, on all accounts, much wanted, in order that scientific students may know where to begin their labours; and in order that those who pursue one branch of science may know how to communicate with the inquirer in another. For want of this information, we perpetually find speculations published, which show the greatest ignorance of what has been done and said on the subject to which they refer" *

The meeting at Birmingham was, in a few months, followed by the appearance of a third volume of Transactions, which sustained the credit of the previous publications, and contained separate communications on most of the subjects of inquiry proposed at the formation of

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* Transactions of the Prov. Med. and Surgical Association, vol. iii., p. 44.

the Association. The reports of the medical institutions at Birmingham, which are contained in it, afford a well-digested arrangement of numerous facts relative to the prevalence of disease, and the law of mortality; which species of inquiry, if extensively followed up, through similar investigations, by the numerous members of this Society, situated in localities which vary so much in the circumstances affecting human health and longevity, must eventually lead to very valuable additions to our knowledge of medical statistics—a branch of science, the importance of which is every day becoming more apparent, not only to the medical philosopher, but also to the legislator and philanthropist.

The third anniversary of the Association was held at Oxford, on the 22nd of July, 1835, where every thing in this ancient seat of learning conspired to add to the attractions of the meeting. It was a most happy circumstance, that the Regius Professorship of Physic in the University was filled by Dr. Kidd, the president of the Association, a physician warmly attached to the interests of the medical profession, and who, being alive to the spirit of the times, saw how necessary it was, by every possible means, to advance the progress of knowledge generally, and that of medical science more particularly. By his influence, the Vice-Chancellor and the heads of houses did all in their power to show their respect for the members of the Association, and to forward the objects they had in view. As a mark of distinction, the degree of Doctor of Physic was conferred, by diploma, upon Dr. Abercrombie, of Edinburgh, and Dr. Pritchard, of Bristol; an honour that had not been conferred upon any physician since the days of Dr. Jenner, and even to him it was once refused, and, at length, very unwillingly granted.

The members in number now amounted to five hundred, a large proportion of whom assembled in the Radcliffe Library, and listened to a very elaborate and learned retrospective address, delivered by Dr. Pritchard, of Bristol, who, in the course of it, observed, "I hope to be allowed, in drawing towards a conclusion, to congratulate the Association, and its excellent founder, on its prosperous state, as well as on the increasing repectability of the medical body in general. Our profession has at all times deserved well of the public. It may be safely affirmed, that there is no other class of men, without excepting even the Clergy, who have bestowed their time and labour more extensively, for the benefit of the community, under circumstances precluding the hope or prospect of reward; and I believe that this was never so generally admitted as it is at present."*

Having thus traced down the history of the Association, from its formation to the meeting at Oxford, we think we cannot, in more appropriate or concise terms, give an account of its further progress, than by quoting some extracts from the report of the council, which was read at the Anniversary Meeting, held at the Royal Institution, Manchester, on the 20th of July, 1836. The Report says,

"In returning to the annual duty which devolves upon the council, of submitting to the members of the Association a statement of those circumstances which appear necessary to put them in possession of the general outline of their proceedings, your council cannot more effectually show the rapid progress which this Institution is making, than by alluding to such points as are of prominent importance. At the fourth anniversary, held in Manchester, the council have to announce the gratifying and encouraging fact, that the number of members now amount to six hundred, being an increase of one hundred since the meeting at Oxford; whereas, in the previous year, the Association received an accession of fifty members; showing, as your council conceive, that the interest taken by the provincial profession, in the proceedings of this society, is even greater than formerly.

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* Transactions of the Provincial, Medical, and Surgical Association, vol. iv. p. 52.

"The finances of the Association are, happily, in a state to give no cause for anxiety as to the failure of means to carry on the great objects which occupy our attention. The income for the past year, including what was in hand at the last meeting, amounts to £718 15*s.* 9*d.*, and the expenditure to £498 18*s.* 3*d.*, leaving a balance of £219 17*s.* 6*d.* in the hands of the treasurers. This balance is certainly considerable, if we advert to the expensive style in which our Transactions are got up. Still there are several defaulters among our members, and the list of arrears is heavy. On this account the council recommend an improved mode of collecting the subscription of members by paid agents; by which means there would be greater regularity insured in the payment of subscriptions, and a consequent increase of income.

"The present year has produced a greater number of contributions from members to the Transactions than any former one. This has necessarily led to the publication of a larger volume; and of the intrinsic merit of the communications the council need only remark, that it is such as fully to sustain the high character of the previous volumes. The council cannot forbear regretting that so few of the large provincial hospitals and infirmaries send statistical records and reports of their cases; but they hope that the various considerations that should prompt the medical officers of these institutions to increased zeal in this particular, which are stated in the interesting and instructive observations made by Dr. Walker, on the medical charities of England and Ireland, will have their due and proper effect on the enlightened members of this Association. The council owe an apology to several members of the Association, who have sent contributions highly deserving of publication, but they will see at once, by referring to the size of the volume, that the limits within which the council are necessarily restrained, have compelled them to postpone the publication of these communications till the appearance of another volume. It is necessary to mention that the first volume of the Transactions is out of print, and in order to determine on the propriety of a second edition being published, it is requested that every member who wishes to complete his sets of the Transactions, will give intimation of the same to the publishers, Messrs. Sherwood and Co., London.

"As there are several Reports on special subjects of investigation to be delivered in at the present meeting, some of which will be postponed to a future anniversary, the council do not think it desirable to nominate any committees for the purpose of drawing up reports for the next year's anniversary meeting; but they are of opinion that it is desirable to call the attention of the Association to a subject which they deem of great importance. The investigation of epidemic diseases was one of the first objects to which the attention of the Association was directed. It was announced in the Prospectus issued by the first committee, and adopted and confirmed at the General Meeting at Worcester, in 1832. Impressed with the importance of the subject, the council now recommend it to the notice of the Association, in the confident expectation that the united efforts of its members will tend to remove the obscurity which at present envelopes that class of diseases. The council perfectly agree with one of the latest writers on the subject, the able author of the article Epidemics, in the Cyclopædia of Practical Medicine, that 'if medical observers had been content to mark with simplicity the series of events belonging to epidemics, like Hippocrates and Sydenham, we should not have been so much in the dark at the present day.' Convinced that an extensive accumulation of facts is, above all things, essential, the council earnestly request each member of the Association to keep a register of the rise, progress, and decline of epidemics in his district, being very particular as to dates and localities; and as the object desired is to discover, if possible, the effects of external influences in the production and propagation of these diseases, the condition of the atmosphere should also be registered, particularly its barometric, thermometric, and hygrometric states; these, as indicated by the proper instruments, it is hoped may not be found troublesome, when the value of all actual observations bearing upon this subject is considered. The object, at present, is not to build a theory, but to record facts, from which useful deductions may eventually be drawn; and having stated this, the council feel satisfied that each member will feel it his duty to contribute his quota towards so desirable an end. The register, completed to the last day of May in each year, should then be forwarded to the nearest member of the council, by whom it will be transmitted to the Secretaries. On a subject where the want of extensive and careful observation is felt and lamented, the council feel warranted in asserting that they expect the most satisfactory result from the combined observations of the Medical Association, forming a phalanx of observers never before known in the annals of British Medicine.

"The Council, in terminating their report, cannot avoid expressing the high gratification which they experience in the contemplation of the present posture of the affairs of the Association, and of its rapid advancement to usefulness and distinction. Without venturing to prophesy the future destiny of this Association, should its members continue to progress in the active and bold career which they have commenced, it is enough to state, that such an Association, as that of which we now celebrate the fourth anniversary, is unexampled in the history of medical science; and that it has already raised the character of provincial practitioners, and united them in the firm bond of mutual cooperation for the advancement of medical knowledge."

At Manchester the Association was most honourably received; and the resident members spared no exertions to make the reception of their stranger-friends worthy of the occasion. It had been supposed, that as the third anniversary had been held at Oxford, in the centre of all the honours and appliances of learning and science, that no future meeting would equal it in interest and importance; however, the meeting at Manchester may be truly said to have equalled that at Oxford in the importance of the proceedings, and in the attendance of distinguished members of the Association from distant parts of the kingdom.

The retrospective address, by Mr. Crosse, of Norwich, gave great and general satisfaction. It was delivered in a style of energy and animation which left nothing to be desired, and was listened to throughout with profound attention, by a numerous auditory.

The Report of the Committee, which was appointed at Oxford, to inquire into the abuses arising from the system of medical attendance on the sick poor, under the New Poor Law Act, was read by Mr. Rumsey, of Chesham, and is a very luminous exposition of the evils which must necessarily arise, if, unfortunately, the Poor Law Commissioners should persevere in the erroneous course they have hitherto pursued. This document is in itself an irrefragable proof of the advantages of the Association; and shows how capable it is of being made instrumental in effecting an extensive combination of the medical profession, to protect its members from degradation and oppression, and to secure humane and skilful medical relief for the sick poor.

Another question of great moment, which was considered at this meeting, was the junction of the Eastern Medical Association with the Parent Association. After the meeting at Oxford, the interest taken in the proceedings of the Provincial Medical Association was much increased; and, as a consequence, the medical faculty in the eastern provinces met together to form an Institution on the same plan. The first meeting was held at Bury St. Edmund's, on the 25th day of September, 1835, and the second at Ipswich, on the 6th of June, 1836, when the members, who amounted to one hundred and fifty in number, unanimously came to the resolution of seeking an intimate connexion with the Parent Association, and appointed a deputation of its members to propose certain terms of junction between the two Societies. The deputation was most courteously received at Manchester; but as it appeared to be generally thought that some arrangement might be made, by which the two Societies might be amalgamated so as to become one, and the Eastern a district branch of the Provincial Association, the determination of this question was delayed to the next anniversary meeting.

We sincerely trust that no serious obstacle will occur to prevent this very desirable consummation. The fact is, the constitution of the Provincial Medical Association is so very simple, that a modification of its laws, to meet any peculiar contingency, is not so difficult as it would be if these were more complex. It is this power, of being accommodated to circumstances, that is so admirable in this Institution; and we doubt not but that, by a slight modification of its existing laws, it may become a comprehensive, co-operating Association, embracing the whole kingdom; and its members may be firmly and indissolubly united in the pursuit of the great objects to which the attention of the body is so meritoriously directed.

We may farther observe, that we strongly recommend the members of the Association to divide themselves into District Branches and Sections. The great increase of members that has of late taken place, the wide expanse over which the Association is now diffused, and the high probability of its embracing, in no long time, the whole provincial medical faculty of the kingdom, seem all to point out the expediency of this course. Where a city or large town exists, to serve as a central point, or where two or more towns can coalesce to form a district branch, it is desirable that this mode of ramification should be adopted. In the more remote and less populous districts, members may still unite, in smaller numbers, and hold sectional meetings. Each branch and section might then convene its members at least once a year, or oftener, as circumstances directed. By the general adoption of this plan, the efficiency of the Association would be greatly increased, and many valuable purposes be served. Were district branches formed, and sectional meetings held, every member would have the opportunity of meeting, once a year, a number of his professional brethren, which could not fail to promote friendly feelings and social harmony. At such meetings too, all subjects of importance, intended for discussion at the general anniversary meetings, might be considered; and the results of such deliberation might be communicated to the general meetings by those members who might attend the latter. In this way the voice of the humblest member would be heard in the general council, and the connexion of every individual with the main body be rendered more intimate. There would be no complexity of organization in this plan, but rather an extension of the simple machinery by which the Association has hitherto been worked, as each District Branch and Section might so regulate its own laws and proceedings as greatly to promote all those important objects for which this powerful and promising institution was originally formed.

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## STATISTICS OF MORTALITY IN ENGLAND.

By T. R. Edmonds, B.A., Author of "*Life Tables.*"

Since the publication of the *British Medical Almanack for* 1836, I have completed the investigation of the valuable materials, on the Statistics of Mortality in England, contained in the returns ordered by the Population Acts of 1821 and 1831. From the latter Act we have obtained the number and ages of the *dying* in each county of England during the 18 years 1813-30. From the former Act we have obtained the number and *ages* of the *living* in 1821, which is near the middle of the period of 18 years for which the deaths have been observed. By combining these two series of observations, we obtain for every county the rate of mortality, or the number annually dying out of a given number living, at every interval of age—a result which is the principal object of all statistics of mortality. There are two most remarkable facts elicited by my investigation; first, that the mortality in England, under the age of 5 years, both relatively and absolutely, is not more than one-half as great as it was formerly supposed to have been; secondly, that the mortality of females between the ages of 10 and 50 years generally exceeds the mortality of males, the reverse having always been supposed to be the case. For several years past, all good authorities have entertained the opinion, that the *absolute* mortality in England, under the age of 5 years, had been greatly diminished; I am, however, the only person who has published Tables founded upon the prediction, that the mortality at this age was diminished *relatively* to the mortality at all other ages.

At every age above 15 years, the mortality in England is *not less* than that indicated by numerous observations on the population of Sweden, and is considerably *greater* than that indicated by a recent observation in Belgium for three years. The annual mortality in European nations generally varies from 1 in 35 to 1 in 40 on the total population. The average annual mortality of the English population, during the 18 years 1813-30, amounted to 1 in 47.2; but it would have amounted to 1 in 38.5, if the mortality under the age of 5 years had been equal to the mortality indicated by Dr. Heysham's Carlisle observation, which exhibits at this age a lower rate than any previously published. Out of the total deaths in England and Wales, during the 18 years, 34½ per cent. occurred under the age of 5 years. The rate of mortality at this period of life was, in fact, 4.98 out of every 100 living, whilst the mortality, according to the Carlisle observation, was 8.23 per cent. By increasing the true number of deaths under 5, in the proportion of the latter numbers, we should have the total deaths at all ages increased 22½ per cent., and instead of the true mortality of 1 in 47.2, we should have had the average annual mortality of 1 in 38½.

In order to explain the nature of the change which has taken place in the mortality during the first years of life in England, it will be necessary to recur to my theory of universal mortality, which consists in the presumed existence of three constants respectively presiding over three well marked periods of human life—*before*, *during*, and *after* the existence of the procreative power. By the first constant a very rapid diminution of the mortality is effected at the rate of 32.4 per cent. every year, from birth to the age of 6 or 9 years. From 15 to about 55, the constant 2.99 regulates the increase of mortality: after 55 years, the third constant, 7.97, measures the annual increase of the mortality. Between the ages of 10 and 15 years the mortality is always at a minimum, and the mortality at this period is to be regarded as the fixed point from which the mortality at every other age may be deduced by the help of the three constants. The remarkable difference between the English and all other observations consists in the contraction of the period over which the constant of "infancy" presides. According to all previous observations, this period terminated at 9 years, very nearly. According to the observations on the counties and towns of England, the length of this period varies from 9 to 6 years. The mean extent of this period in the large towns is 8½ years; in all

England it is 7½ years. This period is generally half a year longer for the male than for the female sex.

It is generally believed by the best authorities, that, 60 years ago, there died, under the age of 5 years, out of 100 born, 60 in London, and 40 in all England. During the 20 years ending with 1830, there died, under the age of five years, only 30 in London, and 20 in all England, out of the above number born. This diminution of the mortality in England, under 5 years, would result from the contraction of the period of infancy from 9 to 7¼ years, without involving any change in the minimum mortality between 10 and 15 years, or in the mortality at superior ages. During the last 60 years, the mortality of the total London population has been reduced from 1 in 25 to 1 in 35. The whole of this diminution may be accounted for by the ascertained diminution of the mortality under 9 years of age. The mortality at ages greater than 60 has certainly suffered no diminution in London; and it is very doubtful whether any diminution has occurred between the ages of 20 and 60 years. The general diminution of infant mortality is not peculiar to England; the recent observation on the population of Belgium exhibits a similar diminution, though inferior in degree. I am inclined to the opinion, that the amount of this diminution is proportional to the rate of increase of the population. The births may be considered to proceed from two classes of the population, the first class comprehending those between the ages of 20 and 30, and the second class those between the ages of 30 and 40 years. When a population is stationary, the numbers in the younger class are only 10 per cent. greater than the numbers in the older class. In England the numbers in the younger class are 30 per cent. in excess; in the United States of America the excess is 50 per cent. It may be assumed, as highly probable, that the children of youthful parents will undergo a more rapid development than the children of older parents; the extent of the period of "infancy" in one case may be 6 years, in the other case 9 years. The mean extent of this period for the total population will diminish as the proportion of youthful parents increases; and the influence of this diminution will probably extend to succeeding generations. If it be also assumed that the minimum mortality (at the age of 12 years) is the same in both cases, we shall then have a satisfactory explanation of the existing facts. We shall then be able to adduce the proximate cause of one of the most interesting and remarkable phenomena of modern times—the increase of the population of the United States of America at the extraordinary rate of 32 per cent. every ten years, independently of immigration.

The statement that the mortality in all England, under the age of 5 years, has been diminished one half in 60 years, rests upon satisfactory, though not upon accurate observations. We have a complete knowledge of this mortality during the 20 years ending with 1830, but we are obliged to trust to the estimates and partial observations of individuals for the mortality existing 60 years previously. In one important case, however, we have the means of accurately tracing the progressive diminution of the mortality at this age during a period of 100 years. The London bills of mortality supply us with complete information on this subject. From these bills we obtain the numbers born, and the numbers dying under 5 years of age, during a period of 100 years, beginning with 1730, and ending with 1829. By collecting these numbers into five successive periods of 20 years each, and by dividing the deaths by the births in the corresponding periods, we obtain a series of five numbers diminishing with great regularity. The following are the results for the successive periods, representing the mean number dying under the age of 5 years for every 100 born,—74.5, 63.0, 51.5, 41.3, and 31.8. These numbers will represent the *absolute* mortality at each period, provided that the defect in the registration of births be of the same proportional amount as the defect in the registration of deaths. If, (as is probable,) during the 20 years, 1750-69, the births were defective 20 per cent., and if the deaths were equally defective—the number, 63, arising from dividing the apparent deaths by the apparent births, will coincide with the result similarly obtained from the true number of births and deaths. There is no reason to suppose that the proportional defects in the births and in the deaths are not nearly the same. But supposing these defects to differ in a considerable degree, this difference would not affect the present question, which concerns the *relative* mortality only. It may be considered as established, by the above statement, that the mortality under the age of 5 years in London has diminished, in 60 years. in the proportion of 63 to 31.8, or as 2 to 1, nearly. Any supposition as to the relative defect in the births and deaths will not affect this proportion.[*]

In all the counties of England, under the age of 5 years, the mortality of males exceeds that of females in the proportion of 7 to 6, nearly. In some counties, the mortality at this interval of age is nearly twice as great as in other counties. The minimum mortality (between the ages of 10 and 15) does not vary much in the different counties; in the large towns even, the minimum mortality of females does not exceed the general minimum.[†] In all England, the mortality under 5 years of age is ten times as great as the mortality between 10 and 15 years; in the large towns, the mortality under 5 years of age is 15 times the minimum. In the majority of counties, above the age of 60 years, the mortality of males exceeds that of females by 3 per cent. In the majority of counties, between the ages of 10 and 50 years, the mortality of females exceeds that of the males. This excess is most remarkable in the counties of Bedford, Buckingham, Northampton, and Rutland. The mortality of males at this period of life exceeds that of females in Wales, Cornwall, Devon, Northumberland, Durham, and especially in all large towns. If the counties be arranged according to the mortality of females between the ages of 15 and 60 years, it will be found that the line of maximum mortality is a central one, running in a north-west direction, from Brighton to Liverpool, and that the minimum mortality is suffered in counties most distant from this line.[‡]

In calculating the mortality for the different counties of England, it has been necessary to increase the registered deaths, on account of acknowledged defects of registration. The correction which I have adopted is founded upon the assumption that the immigration from Ireland to England is equal to the emigration from England to North America: (the same assumption has been made by Mr. Richman). The consequence of this assumption, combined with the recorded relation between the unregistered births and deaths, is, that the registered deaths in all England are to be increased 13.92 per cent. It being acknowledged that the registration is much more defective in Middlesex, Surrey, Monmouth, and Wales, than in the rest of the country, I have divided the above-stated increase into two parts. In the above four divisions of territory, I have increased the registered deaths *one-fourth* part; in each of the remaining 39 counties, I have increased the registered deaths at every age by *one-ninth* part.

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[*] See Lancet, January 30th, 1836.

[†] The annual mortality for both sexes, between the ages of 10 and 15 years, was, on an average of the 18 years, .51 per cent. for England and Wales, .54 for London, and .57 for the six large English towns.

[‡] See Lancet, December 5th and 12th, 1835.

In deducing the mortality in six large towns of England, (exclusive of London,) I have adopted *one-fifth* part as the necessary increase of the registered deaths. The results thus obtained for the six large towns agree very nearly with the results of an observation on the population of Glasgow for 15 years, ending with 1835, without any increase of the registered deaths. The materials of the Glasgow observation are perfect in their form, and the accuracy of their detail is supported by the best testimony. They serve to indicate, throughout the 15 years, the progressive variation of the mortality at each interval of age. There are no other observations in existence, except those on the Swedish population, which afford the means of tracing this progressive variation. In Glasgow, the mortality under the age of 5 years was decreasing from 1820 to 1830, and increasing from 1830 to 1835. The mortality between 30 and 60 years of age was rapidly increasing throughout the whole of the period of 15 years.* The observation on England enables us to estimate the progressive variation in the mortality at *all ages* during the last 50 years, but supplies us with no means of determining the relative variation in the mortality under and above 10 years of age. The mortality of the total English population was at a minimum during the 10 years from 1810 to 1820, and amounted to 1 in 49 annually. From 1780 to 1810 the mortality was decreasing at the same rate as the population was increasing—15 per cent. every 10 years. From 1820 to 1830, the mortality was increasing at the rate of 8 per cent. every 10 years.

The following table will show how near the facts observed in Glasgow and in England agree with the results of my three principal theoretical tables of mortality, published five years ago. These three tables have been constructed on one uniform principle, by adopting three different bases or minima at the age of 12 years, in the proportion of 5, 6, and 7½ respectively. In the tables of "Mean" and "City" mortality, the age of 8 complete years has been adopted as the termination of the period over which the constant of "infancy" presides. In the "Village" table the age of 9 years has been adopted as the limit, in order to make the table represent the facts observed by Dr. Heysham at Carlisle, supposing no omissions to have occurred in the registry of deaths.

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* See Lancet, June 11th, 1836.

*Table, showing, for both sexes, according to six observations, the numbers dying out of every hundred living in each of eleven intervals of age: together with similar results from three published Theoretical Tables of Mortality.*

| Between ages. | Six Towns of England. 18 Years, 1813-30. | Glasgow. 15 Years. 1821-35. | London. 18 Years. 1813-30. | THEORETICAL TABLES. City Mortality. | Mean Mortality. | Village Mortality. | Sweden. 21 Years. 1755-75. | England and Wales. 18 Years. 1813-30. | Carlisle. 9 Years. 1779-87. |
|---|---|---|---|---|---|---|---|---|---|
| 0— 5 | 8.63 | 8.10 | 8.27 | 8.46 | 6.73 | 7.48 | 9.01 | 4.98 | 8.23 |
| 5—10 | 1.03 | 1.24 | 1.08 | 1.24 | .99 | 1.02 | 1.42 | .70 | 1.02 |
| 10—20 | .73 | .76 | .60 | .88 | .70 | .58 | .71 | .63 | .59 |
| 20—30 | 1.39 | 1.17 | 1.07 | 1.17 | .93 | .78 | .92 | 1.02 | .75 |
| 30—40 | 1.56 | 1.57 | 1.52 | 1.57 | 1.25 | 1.05 | 1.22 | 1.19 | 1.06 |
| 40—50 | 1.96 | 2 31 | 2.29 | 2.10 | 1.68 | 1.40 | 1.74 | 1.49 | 1.43 |
| 50—60 | 3.00 | 3.50 | 3.61 | 2.99 | 2.40 | 2.01 | 2.64 | 2.25 | 1.83 |
| 60—70 | 5.83 | 6.04 | 7.34 | 5.99 | 4.83 | 4.05 | 4.81 | 4.33 | 4.12 |
| 70—80 | 12.10 | 13.57 | 15.23 | 12.36 | 10.04 | 8.46 | 10.23 | 9.90 | 8.30 |
| 80—90 | 24.62 | 23.81 | 29.91 | 24.53 | 20.18 | 17.16 | 20.78 | 22.08 | 17.56 |
| Above 90 | 42.72 | 42.55 | 33.55 | 47.20 | 39.85 | 33.45 | 39.41 | 37.10 | 28.44 |
| All ages.... | 2.95 | 2.83 | 2.84 |  |  |  | 2.89 | 2.12 | 2.50 |

## STATISTICS OF SICKNESS.

The foregoing remarks are applicable to the relation existing at every age between the numbers living and the numbers dying; which subject may be entitled "Statistics of Mortality." If a third element be introduced, that of *Sickness*, the subject becomes that usually designated as "Medical Statistics.". The latter term might, however, be more justly appropriated to the statistics of the particular diseases, constituting in the aggregate the *Statistics of Sickness.* Adopting the more general signification of the term, the first step in the progress of Medical Statistics may be considered to be the determination of the number of deaths out of a given number of patients, or out of a given number of attacks of sickness, without distinction of age. In the second stage will be determined the average duration of each attack of sickness, also without distinction of age. For example, from the requisite observations it will probably result, that out of twenty cases of sickness, one case generally terminates in death, and that the average duration of a severe attack of sickness is 36½ days, or the tenth part of a year. Observations of this nature will serve only to establish the relation between the sick and the *dying;* but by combining the information thus obtained, with the relation between the living and the dying supplied by the statistics of mortality, we may deduce the relation between the *living* and the sick. The result of such a combination will commonly be,—that 30 per cent. of the living are yearly attacked by sickness, and that 3 per cent. of the living are constantly sick.

The information thus acquired will, on examination, be found to be of little practical value, because the most important element—the *ages* of the parties—has not entered into the calculation. The observations containing the necessary distinction of age, are very few in number; yet they are sufficient to prove most satisfactorily, that the average duration of an attack of sickness, as well as the number dying out of a given number of cases of sickness, are dependent in the highest degree on the ages of the patients. Between the ages of 15 and 55 years, the mean duration of an attack of sickness, and the proportion of deaths out of a given number of cases of sickness, increase at the same rate, viz. 34 per cent. for every advance of 10 years in age. This number coincides accurately with the constant which I have used for several years in the construction of mortality tables, between the ages of 15 and 55 years.

There exist only four published observations conveying information respecting the influence of age in determining the quantity of sickness, (in duration,) and the number of deaths out of given numbers attacked. It is only within the last twelve months that I have become acquainted with three of these observations. Respecting the quantity of sickness at each age, we have two series of observations in benefit societies,—one collected by the Highland Society of Scotland, the other by the Society for the Diffusion of Useful Knowledge. I believe that the public are indebted to the editor of the *British Medical Almanack* for presenting (last year) the latter observation in a useful form. On the number of deaths out of a given number of cases of sickness, we have one observation from the *London Fever Hospital*, by Dr. Southwood Smith, comprehending 6000 cases, and another from the *London Hospital*, comprehending 14,000 cases of sickness. These two latter observations are the most important contributions which have yet been made to medical statistics. I have presented the materials and results of these observations in the *Lancet* of February 27th, and September 3rd, 1836.

Five years ago, I published a theoretical Table of Sickness, in which I assumed the quantity of sickness suffered by a given number living, to increase 34 per cent. for every advance of ten years in age. This rate of increase being coincident with the rate of increase in the mortality, led to the conclusion, that there is the same relation at every age between the number of deaths and the quantity of sickness, (two years of sickness to each death.) When I published this table, I had no other support for my opinion than the observation of the Highland Society. I can now appeal to the recent observation on English Benefit Societies, in corroboration of the universality of the principle. In the following table I have given the absolute number constantly sick, as reported for every 100 living; I have also given the proportion of sickness at each age relatively to 1 per cent., constantly sick between the ages of 40 and 50. It will be seen that the theoretical number between 50 and 60 years of age, is lower than that from observation. This discrepancy is of no moment, because (according to the theory) a new constant comes into operation at some variable age between 50 and 60 years. The facts might have been more nearly represented if the age of 53, instead of 55, had been adopted as the limit dividing the two periods.

## TABLE

*Showing, according to Two Observations on Benefit Societies, the proportion of the Living constantly Sick, at each of Four Decennial Intervals of Age; also showing the Relative Proportions of Sick and Dying, compared with the Results of the Theory.*

| | Relative Sickness and Death. | | | | | Absolute Number constantly Sick and Dying Annually, out of 100 living. | | | |
|---|---|---|---|---|---|---|---|---|---|
| Between Ages. | 20—30 | 30—40 | 40—50 | 50—60 | Common Multiplier. | 20—30 | 30—40 | 40—50 | 50—60 |
| Sickness Scotland | .57 | 67 | 1.00 | 1.83 | 1.97 | 1.13 | 1.32 | 1.97 | 3.60 |
| Sickness England | .60 | 71 | 1.00 | 1.69 | 2.56 | 1.54 | 1.83 | 2.56 | 4.32 |
| Deaths... England | .51 | 78 | 1.00 | 1.61 | 1.85 | 95 | 1.45 | 1.85 | 2.98 |
| Theory.......... | .55 | 74 | 1.00 | 1.43 | | | | | |

In the observation at the London Hospital, the cases are distributed under three heads,—cured, discharged uncured, and dead. In order to obtain the number of deaths out of the cases admitted at each age, I have increased the number of deaths *in hospital*, by a proportion of the "discharged uncured." If out of 15 cases, there are returned 8 cured and 2 dead, I have assumed the remaining 5 "discharged uncured," to have been ultimately distributed into 4 cured, and 1 dead. The entire number will then be distributed into 12 cured, and 3 dead; that is, in the original proportion of 8 to 2. The numbers discharged uncured commonly amount to one-fourth part of the numbers admitted. The observation at the London Fever Hospital contains no information respecting the discharged uncured, which were probably of small amount. According to these two observations, the mortality out of a given number of cases of sickness, increases 34 per cent. every 10 years, which coincides with the rate of increase in the mortality out of a given number living (healthy and sick.) The necessary consequence of this coincidence is, that the same proportion of the living at every age are yearly attacked by sickness. Combining this fact with the ascertained increasing quantity of sickness at each age, it results that the mean duration of an attack of sickness also increases 34 per cent. every 10 years.

## TABLE

*Showing, for Decennial Intervals of Age, the Proportion of Deaths out of every Hundred admitted into the London Fever Hospital, and into the Physician's Wards and Surgeon's Wards of the London Hospital; also showing the coincidence of these Proportions with Three Series of Theoretical Numbers, increasing Thirty-four per cent. for every Ten Years' increase of Age.*

| Between Ages. | LONDON HOSPITAL. Surgeon's Wards. | | LONDON HOSPITAL. Physician's Ward. | | LONDON FEVER HOSPITAL. | |
|---|---|---|---|---|---|---|
| | Fact. | Theory. | Fact. | Theory. | Fact. | Theory. |
| 10—20 | 4.9 | 4.8 | | | 9.9 | |
| 20—30 | 6.8 | 6.5 | 19.6 | 19.4 | 14.3 | 14.5 |
| 30—40 | 8.8 | 8.7 | 26.4 | 26.1 | 19.5 | 19.5 |
| 40—50 | 11.7 | 11.7 | 34.8 | 35.0 | 26.2 | 26.2 |
| 50—60 | 13.6 | 15.7 | | | 35.6 | 35.2 |
| 60—70 | 21.2 | 21.1 | | | | |

* See page 19 of "*Life Tables*," by T. R. Edmonds, 1832. J. Duncan.

## OF THE WEIGHT AND STATURE OF THE HUMAN BODY.

The subjoined table, showing the average weight and stature of the human body in Belgium, at birth, and the subsequent periods of life, was collected by weighing and measuring a great number of individuals at each age respectively. It was formed by M. Quetelet. The observations were probably not sufficiently numerous to make the series of numbers so uniform as from theory might be very fairly anticipated: on this, and many other accounts, it is desirable they should be repeated in England, and indeed among all the races of men.

The Table on page 141 shows—

1st. That the weight of the male infant, at birth, is nearly 7lbs. avoirdupois; while that of the female is not quite 6½lbs.

2nd. That the maximum weight (140½lbs.) of the male is attained at the age of 40; while that of the female (nearly 124lbs.) is not attained till 50: from which ages they decline afterwards; the male to 127½lbs. the female to 109lbs.—nearly a stone.

3rd. That the full-grown adult is twenty times as heavy as the new-born infant.

4th. That the rate of growth varies: in the first year, the child triples its weight; afterwards the growth proceeds in geometrical progression, so that if fifty infants in their first year weigh 1000lbs., they will in the second weigh 1210lbs.; in the third 1331lbs.; in the fourth 1464lbs.; the rate remaining very constant up to the ages of 11—12 in females; and 12—13 in males, where it must be nearly doubled; afterwards it may be continued, and will be found very nearly correct up to the age of 18 or 19; when the growth proceeds very slowly up to 40. The weight of any number of children between 2 and 9 years of age being known, their weight, the amount of matter they can incorporate in twelve months or two years may be calculated.

*Weight of Parts of the Human Body.*

| | Maximum. | | Minimum. | | Mean. | | |
|---|---|---|---|---|---|---|---|
| | AVOIRDUPOIS. | | | | | | Number of Observations. |
| | lbs. | oz. | lbs. | oz. | lbs. | oz. | |
| An Adult Man (Age 40).. | 212 | — | 108 | — | 140 | 6 | |
| (1) The Skeleton................ | 12 | 8 | 9 | 3 | 10 | 13 | 4 skeletons dried:<br>3 males, 1 female. |
| Of a Girl (Age 15)..... | — | — | — | — | 6 | 10 | |
| (2) The Brain (Male).......... | — | — | — | — | 3 | 0 | 60 brains and 300 skulls. |
| (Female)....... | — | — | — | — | 2 | 11,5 | |
| (3) The Heart (Natural size) | — | 12,3 | — | 7 | — | 9,3 | 14 hearts. |
| (Atrophied)... | — | 7 | — | 4,7 | — | 6,2 | 7 hearts. |
| (Hypertrophied) | 1 | 8,25 | — | 12 | 1 | 0.6 | 11 hearts. |

(1) Observer, Van Eschen and Ginette (Quetelet).

(2) Sir W. Hamilton.—The brains and crania belonged to Scotchmen—one in seven of the male, and one in 100 of the female brains weighed more than 3lbs. 5oz. The crania were filled with sand, and the weight was then calculated. In old subjects this method would be very fallacious. (Monro's Anatomy of the Brain, 1831.)

(3) Bouillaud.—The blood was removed from these hearts before they were weighed. (Clinique. 1835.)

## *Mean Weight and Stature of the Human Body at Birth, and at every subsequent Age.*

| MALES. | | | FEMALES. | | |
|---|---|---|---|---|---|
| Ages. | Stature. Feet. | Weight. lbs. Avoirdupois. | Ages. | Stature. Feet. | Weight. lbs. Avoirdupois. |
| 0 | 1.64 | 7.06 | 0 | 1.61 | 6.42 |
| 1 | 2.29 | 20.84 | 1 | 2.26 | 19.39 |
| 2 | 2.60 | 25.01 | 2 | 2.56 | 23.53 |
| 3 | 2.83 | 27.50 | 3 | 2.79 | 26.00 |
| 4 | 3.04 | 31.38 | 4 | 3.00 | 28.67 |
| 5 | 3.24 | 34.78 | 5 | 3.20 | 31.67 |
| 6 | 3.44 | 38.80 | 6 | 3.38 | 35.29 |
| 7 | 3.63 | 42.98 | 7 | 3.56 | 38.68 |
| 8 | 3.81 | 45.78 | 8 | 3.74 | 42.08 |
| 9 | 4.00 | 49.95 | 9 | 3.92 | 47.10 |
| 10 | 4.18 | 54.08 | 10 | 4.09 | 51.87 |
| 11 | 4.36 | 59·77 | 11 | 4.26 | 56.57 |
| 12 | 4.54 | 65.77 | 12 | 4.44 | 65.77 |
| 13 | 4.72 | 75.82 | 13 | 4.60 | 72.65 |
| 14 | 4.90 | 85.48 | 14 | 4.77 | 80.94 |
| 15 | 5.07 | 96.40 | 15 | 4.92 | 89.04 |
| 16 | 5.23 | 109.55 | 16 | 5.04 | 96.09 |
| 17 | 5.36 | 116.56 | 17 | 5.10 | 104.34 |
| 18 | 5.44 | 127.59 | 18 | 5.13 | 112.55 |
| 20 | 5.49 | 132.46 | 20 | 5.16 | 115.30 |
| 25 | 5.51 | 138.79 | 25 | 5.17 | 117.51 |
| 30 | 5.52 | 140.38 | 30 | 5.18 | 119·82 |
| 40 | 5.52 | 140.42 | 40 | 5.18 | 121.81 |
| 50 | 5.49 | 139.96 | 50 | 5.04 | 123.86 |
| 60 | 5.38 | 136.07 | 60 | 4.97 | 119.76 |
| 70 | 5.32 | 131.27 | 70 | 4.97 | 113.60 |
| 80 | 5.29 | 127.54 | 80 | 4.94 | 108.88 |
| 90 | 5.29 | 127.54 | 90 | 4.94 | 108.81 |
| | Mean...... | 103.66 | | Mean.. ... | 93.73 |

### ON THE WEIGHT OF THE HUMAN BRAIN.

Dr. Sims, in a valuable paper on Atrophy and Hypertrophy of the Brain,* read before the Medical and Surgical Society, has given a table of the weight of the brain in 253 cases, the majority of which "were taken from persons in whom diseases not cerebral existed." The sex, age, disease occasioning death, and other pathological appearances were distinguished in each observation. In the table (I.) subjoined, the cases, except six of hypertrophy, have been classified according to age, and thus present an approximation to the mean weight of the brain at different times of life. We have added the last column, showing the mean weight of the brain in ounces, to do away with the slight irregularities arising from the early observations not being very numerous. The weight was avoirdupois.

* One of three papers on the Pathology of the Brain.—The other two are on serous effusion in the brain and its connexion with apoplexy, and on the cure of Ramolissement of the brain.

## TABLE I.

*Showing the Mean Weight of the Human Brain, the heaviest and the lightest Brain weighed, and the total number of Observations in each of Thirteen Periods of Life.*

| Between Ages. | Number of Brains weighed. | Heaviest Brain. | Lightest Brain. | Average. lbs. oz. | Mean Weight in Ounces. |
|---|---|---|---|---|---|
| | | lbs. oz. | lbs. oz. | | oz. |
| 1— 2 | 9 | 2 5 | 1 13 | 2 1 | 33.0 |
| 2— 3 | 3 | 2 9 | 2 1 | 2 $4\frac{1}{3}$ | 36.3 |
| 3— 4 | 5 | 2 9 | 2 4 | 2 $6\frac{1}{5}$ | 38.2 |
| 4— 5 | 3 | 2 13 | 2 3 | 2 7 | 39.0 |
| 5—10 | 9 | 3 1 | 2 3 | 2 $8\frac{4}{9}$ | 40.4 |
| 10—15 | 14 | 3 8 | 1 11 | 2 $12\frac{4}{14}$ | 44.4 |
| 15—20 | 3 | 2 15 | 2 11 | 2 13 | |
| 20—30 | 19 | 3 5 | 2 3 | 2 $12\frac{14}{19}$ | 44.7 |
| 30—40 | 22 | 3 6 | 2 3 | 2 $13\frac{14}{22}$ | 45.6 |
| 40—50 | 29 | 3 11 | 2 4 | 2 $14\frac{20}{29}$ | 46.7 |
| 50—60 | 35 | 3 7 | 2 5 | 2 $13\frac{2}{35}$ | 45.1 |
| 60—70 | 42 | 3 8 | 2 4 | 2 $11\frac{34}{42}$ | 43.8 |
| 70—— | 44 | 3 10 | 2 0 | 2 $10\frac{5}{44}$ | 42.1 |
| | 237 | | | | |

## TABLE II.

*The Weight of the Fœtal Brain, and of the Infant's Brain in the First Year.*

| Age. | No. | Heaviest Brain. | Lightest Brain. | Mean. |
|---|---|---|---|---|
| | | oz. | oz. | oz. |
| Fœtus, 3 months.... | 1 | — | — | —.07 |
| 5 months.... | 1 | — | — | —.81 |
| Birth............. | 1 | — | — | 9.5 |
| DAYS | | | | |
| 14 — 28 | 2 | 14 | 12 | 13.— |
| MONTHS | | | | |
| 5 — 6 | 3 | 24 | 18 | 22.— |
| 9 — 10 | 2 | 26 | 25 | 25. 5 |

The three first observations are by Meckel (Anatomie); the others by Dr. Sims.

## REMARKS.

1. The absolute mass of brain increases from birth up to the age of 40—50, but at a slower rate than the rest of the body: the relative mass of brain at birth, and at full maturity, is nearly as 1 : 4 ; of the body as 1 : 20. At birth, the brain constitutes about 11 per cent; at the age of greatest development, only 3.3 per cent. (Haller says 1-25th or 1-30th) of the entire body. But two observations are not sufficient to determine satisfactorily the weight of the infant's brain after birth.

2. In the 3 years 1½—4½, the brain increases 6 ounces, or 18.2 per cent; it continues to augment in bulk, but the total increase does not surpass 7.7 ounces, or 19.7 per cent., during the 40 years following.

3. After attaining its maximum, the brain decreases 4½ ounces, or 11 per cent—the precise rate at which the entire organization wastes; for, according to M. Quetelet's observations, the bodies of males and females decrease on an average 11.1 and 11.4 per cent. after attaining their greatest bulk.

4. When the number of observations was somewhat considerable, the lightest brain was to the heaviest, at each age, nearly as 2 to 3: after the first year, the heaviest brain (59 oz.) was double the mass of the lightest (29 oz.). Dr. Sims selected 14 *perfectly healthy* brains, of the ordinary size, the mean weight of which was 2lbs. 12oz. The mean weight of the heaviest and lightest brain was also 2lbs. 12oz. At each age, the mean weight of the heaviest and lightest brain differed little from the average weight of the entire class.

5. Sœmmering affirmed that the human brain attains its full size in the third, the Wenzels, and Sir William Hamilton, that it does not grow after the seventh year; and the same statement is made by Meckel: but these eminent men, in the ordinary vague manner of physiologists, have not given the *data* on which their assertions are grounded; nor does any proof exist that they weighed a sufficient number of brains, and deduced from them the *average weight* at different periods of life, although the value of their statement depended on the *number* and form of combination, as well as on the correctness of their observations.

6. Dr. Sims having given each observation separately, the accuracy of the *results* may be verified; the observations may be variously combined; and they are *comparable.* At the age 40—50, twenty-nine brains were examined, and on an average weighed 46.7 ounces: if 29, or 500 more brains of the same age are weighed, and the facts are published in the same form, they may be combined with the previous observations to furnish a result nearer the real mean than either series taken separately. But after the old fashion of stating results, and withholding the data, this could not be done; *opinions* only were accumulated, neither capable of being compared nor combined.

7. When 3000 or 4000 brains have been weighed, the law of cerebral development, evidently pointed out by the present observations, may be deduced. The entire body should be weighed at the same time where this is practicable, and the results cannot fail to be of the highest importance.

## *Hypertrophy and Atrophy of the Brain.*

According to the doctrines of Phrenology, mental power and the mass of brain are developed in nearly the same ratio. This implies the well-established fact, that in the physiological state, the mass of brain varies to a very great extent; and shows at once how difficult it is to decide whether hypertrophy exists in particular cases or not. A knowledge, however, of the standard weight, and of the range (20 to 30 per cent.) above or below the standard in the healthy state, cannot fail to be of invaluable service to the pathologist, and, taken in connexion with the previous history, the structure of the brain, and the state of the vessels, will seldom leave any doubt on the subject. Dr. Sims sometimes found the brain much above the standard weight, where there was no hypertrophy: thus in a boy aged 12 years, who died of small-pox, the brain weighed 3lbs. 8oz. The brain, in most cases of this kind, was "greatly increased in weight by the enormous quantity of blood contained in the blood-vessels." The heaviest brain examined by Dr. Sims, weighed 3lbs. 11oz. avoirdupois. Rudolphi met with a brain naturally formed (natürlich besch affene) which weighed 4 pounds, 24 loth, Berlin weight—about 4lbs. 9oz. avoirdupois.* Haller says brains had been met with that surpassed 4, and even 5lbs.; but what pounds were these—the commercial or apothecaries'? Sœmmering, out of more than 200 brains, did not find one that weighed 4lbs.

The following inferences on hypertrophy and atrophy, deduced by Dr. Sims, from the facts in his paper, will be duly appreciated by pathologists.

"1. Cases of hypertrophy of the brain are met with where no change of texture can be discovered, and the enormous size of these brains arises from the mere addition of similar particles.

"2. Cases of hypertrophy occur, in which, together with increased size, there is a change in the texture of the brain, which has been described as resembling boiled albumen, ground rice pudding, cream-cheese, &c.; a flattening of the convolutions; little or no blood, or serous fluid in the vessels, cavities, or membranes of the brain. This state of the brain is of a more acute character, and is probably produced more or less rapidly by any causes that excite the brain or its blood-vessels, or that increase general or partial nutrition.

"3. Hypertrophy is allied to or connected with apoplectic seizures: in this state of the brain, simple sanguineous apoplexy may be more readily induced, or life be destroyed by a very small effusion of blood.

"4. In some children, suspected from the size of the head to be suffering under hydrocephalus internus, the brain is probably in a state of hypertrophy.

"5. The brain is sometimes affected partially by hypertrophy, or by atrophy.

"6. In cases of atrophy of the brain, the place previously occupied by cerebral substance is supplied by serous fluid, or by deposition of bone; and this deposit of bone frequently takes place on the inner surface of the cranium, sometimes in the diploe."—*Medico-Chirurgical Transactions*, vol. 19.

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* Physiologie. 2 B. 1te. Abth. p. 11.

# ON POST MORTEM EXAMINATIONS IN THE ENGLISH HOSPITALS.

Notwithstanding the impulse given to the study of *Morbid Anatomy* by the labours of John Hunter, and the classical work of Dr. Baillie, this department of medical science has made less progress in England than in Germany and France. While the elaborate treatises of Bayle, of Laeunec, Cruveilher, Louis, and Andral, shed a particular lustre over France, England has remained till lately inactive and unproductive; Morbid Anatomy has neither made great progress amongst us, nor obtained that general attention from English practitioners to which, from its importance, it may justly lay claim. To what can this be ascribed? Assuredly not to ignorance of the value of so fundamental a study—to indifference about the fate of those committed to their care —to lack of industry—to a want of capacity for such researches. The works of Bright, of Hodgkin, of Craigie, of Carswell—whose delineations, indeed, do honour to France, but, at the same time, prove the capability of England—and the national triumphs in every department of art and industry, do away with suppositions so injurious. We take part of the blame to ourselves; but the chief reason why England has been outstripped by France is owing to the management of our hospitals having been confided to persons of excellent intentions, but unable, in many instances, to take views so extensive as the French Government, or to seize the connexion between the progress of medicine and the public good, with sufficient firmness to overcome that repugnance—natural or acquired—which men feel to examining the body after death. But the common sense of the country is now every where asserting its rights; and intelligent people are beginning to be aware that a *knowledge of their diseases* is of considerable importance in the treatment—that the progress of medical science may diminish their sufferings, and in many circumstances save their lives, and the lives of their fellow-men. Conscientious practitioners feel that without a familiar acquaintance with the changes to which the internal organs are liable, and the connexion of these changes with symptoms, they cannot estimate the degree of danger in disease, the nature of the affection they have to combat, or the efficiency of remedies. They know that by examining all the parts after death, effects and signs will be indissolubly connected in their minds with causes, and that maladies vary to such an extent that it is not by inspecting one or two, but all the bodies of their deceased patients, they can attain the comprehensive knowledge which gives and entitles to confidence;—that it is solely by the uninterrupted observation of diseases—of the order of symptoms and organic changes—of the connexion of transient phenomena with permanent alterations—that the resources of their art—so precious to humanity—can attain the perfection they so ardently desire.

Animated by feelings of this kind, the officers of the most useful public hospitals proceed almost invariably, in London and the country towns, to examine the body after death; and the practice is every where followed by an increase of information and interest on the part of the medical men, which reacts in more skilful treatment of the patients. Formerly, only the more *interesting cases* were looked into till the *cause of death* was found; but this was when pathology was considered a sort of natural history, merely concerned in curious facts, or searching after specimens for museums: *now* it is acknowledged that the science of medicine consists in generalizations deduced from the comparison of a great number of facts; and that the more common these facts are, the better chance there is of speedily obtaining a sufficient number to yield interesting results. Let any one who thinks he is fully acquainted with the morbid anatomy of phthisis, after cutting down to a collection of tubercles or pus in the lungs, read the immortal work of Louis; he will there be convinced that it is only by examining and comparing the structural and functional changes of every organ in every subject that a thorough knowledge of a disease can be attained.

Many excellent persons think the inspection of the bodies of those who die in the hospitals *may* prevent patients from seeking admission. If it should keep out all but those unable to pay for medical advice, such a result is to be desired rather than deprecated. But that the poor are no more deterred from applying for relief where inspections are regularly made, than where a body is only occasionally opened, the facts in the following valuable return will establish,—and other facts corroborate this result. At an hospital in an agricultural district the house surgeon for the time was allowed to examine every body—in six months 18 or 20 bodies were carefully inspected, without asking permission from the friends; this had not been the custom before, yet the average number of in-patients increased that year to 100, the admissions to 1112; the average number of in-patients the year before had been 76, the total admissions 837. The connexion of a theatre for dissection with hospitals necessarily excited more prejudice formerly, than the simple inspection of the body excites now; yet experience proved that this had no influence whatever in diminishing the number of applications for admission. Cheselden commenced courses of anatomy at St. Thomas's in 1711; in 1706 it contained 362 patients, in 1717 the number had increased to 420. For other reasons it is not desirable that theatres for dissection should be immediately connected with hospitals; but this circumstance has not at all been found to diminish the number of patients at St. Thomas's, Guy's, St. Bartholomew's, the London, or any other institution. The number of applicants for relief at an hospital depends on the *kind manner* and *reputed skill* of the officers; the poor have sagacity enough to discover that the person most zealous in investigating their diseases is best qualified to relieve their sufferings.

Last year we expressed our sense of the services the Rev. Charles Oxendon had rendered medical science, by circulating, in 1830, a statistical chart of the provincial hospitals, which was drawn up on accurate principles, and constituted an era in hospital statistics. That gentleman obtained in 1836 the following return, kindly placed at our disposal; it is another proof of enlightened zeal for the progress of a science intimately connected with the good of mankind.

The history of the return is this :—The medical officers of the Kent and Canterbury Infirmary lately examined the remains of a patient a few hours after death ; this threw a foolish servant girl, who entered the room, into hysterics, and occasioned some disorder among the patients ; the affair was brought before the board, noised abroad, and magnified by rumour and one or two unwise governors. A highly deserving medical officer was assailed by the direst of all persecutions—the persecution of public opinion. Mr. Oxendon here interfered. He immediately procured a return from fourteen hospitals, and circulated it with the accompanying letter. The effect was complete : the medical officer was acquitted in the eyes of the public ; his enemies stood convicted of wrong and misrepresentation ; and we have been enabled to lay before our readers, an eloquent appeal in favour of *post mortem* examinations, and a statistical document of great interest. The publication will prevent not only the recurrence of such a scandal, but the *danger* of such a recurrence wherever inspections are conducted with due decency and caution.

## INTRODUCTORY OBSERVATIONS, RELATING TO THE ANNEXED TABLES,

### BY THE REV. CHARLES OXENDON.

A few weeks since a male patient died in the "KENT AND CANTERBURY HOSPITAL," from a compound fracture of the right leg. And within a short period after death, unusually short, excepting under urgent circumstances, a *post mortem* examination took place for the purpose of determining the extent of disease, and of ascertaining whether or not amputation would have afforded the prospect of a more favorable issue. For reasons which the medical gentlemen can satisfactorily state, the chest was inspected, and the arteries within that cavity examined, under the impression that there might be some purulent deposit in them. This proved, however, not to be the case : but the spleen and liver were extensively diseased. The artery of the sound leg was also cut down upon and examined.

* * * * * * * *

I do not doubt the facility with which any individual Governor, by perseverance and highly coloured statements, may excite a sensitive public against professional practices, which are not only general throughout the kingdom, (as will be seen by the annexed table,) but which are perfectly consistent with the finest feelings of our nature. But if no decidedly *spontaneous* disapprobation of *post mortem* examinations (by means of which alone the *living* can be *well and skilfully treated*) is found to spring up here or elsewhere,—are the interests of the *surviving* sick poor wisely considered, by endeavouring to create what does *not exist*, a marked feeling against such examinations, though conducted with decency and propriety ?

It was stated, I understand, when the subject here alluded to was brought under the consideration of the Board of Management, that the *most alarming sensation* prevailed out of doors in consequence of what had taken place within,—that the hospital was and would be getting into such merited disrepute, that the sick poor would *no longer apply for admission*—that the feelings of the friends of the deceased had been *painfully outraged*—and that the whole conduct of the medical officers, in instituting and proceeding with the *post mortem* examination, was not only inconsistent with law, but *unsanctioned by the custom prevalent at other hospitals.* In *each and all* of these particulars the statement was incorrect. That a confusion did arise in the house, by the disorderly conduct of some of the patients, who from curiosity scaled the windows of the room, and also by the hysterical screams of a female servant, who entered the apartment before the body was adjusted—I am willing to admit. But that *no* sensation was felt *out of doors*, until *created* by the indiscretion of one or two well-intentioned governors,—and that this sensation has been almost confined within the atmosphere of its origin, I as unhesitatingly declare: and in *part* of proof I need only state, that a singularly interesting *post mortem* examination of another poor man, who died within a few days of his admission, took place about a week after the one which has been so publicly noised abroad; and though the consent of friends was *not* previously obtained, *no dissatisfaction whatever has been expressed on their part. They have told me*, indeed, that they had *no objection to the inspection of the body*. The *sister* of the patient has *since* expressed a desire that *her own body may be opened* for the investigation of the particulars of her disease, after death. The *brother* of the deceased was, *by his own request*, shortly after *admitted into the hospital under Dr. Mc. Divitt.* And the unfortunate *widow* has *since become an in-patient* of the same institution! I ask any *candid* man, then, whether these *facts* savour at all of *hospital abhorrence* on the part of the afflicted? I ask whether they do not *contradict in the most satisfactory of ways* that erroneous assertion?

But in addition to this, and with reference to the *former case*, I have *authority* to state, (and it has been before urged upon the Board of Management,) that the *wife*, *mother*, *and other friends* of the deceased have unreservedly and repeatedly expressed their *unqualified satisfaction* at the *post mortem* examination of their relative, and have further declared that, could the opportunity again occur, they should *willingly sanction the same proceeding*. Is it *just*, then, towards the medical officers—is it promotive of the scientific treatment of the poor and public at large—is it productive of harmony in and towards the hospital—is it consultive of the best interests of the sick—to endeavour to raise a prejudice which had *not* existed, and to excite fear where there is *no fear?*

With respect to the *law* of the matter, the Act of Parliament was passed "for the *regulation of Anatomical Schools*," with a view to *legalize*, under certain restrictions, the *possession and dissection* of human bodies, without reference to hospital post mortem examinations.*

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* Confirmed by two legal opinions cited, one by Mr. Wetherell, the other by Mr. Starr.

On the point of *custom at other hospitals*, the same fatality awaits the assertion, which I have alluded to as having been made at the Board of Management. No person, in fact, at all *conversant* with such institutions, would have volunteered so notorious an inaccuracy. But for the information of those among the public, who are not likely to be acquainted with the professional practices of these establishments, I forwarded the *ten following Questions* to each of *eighteen* of the principal hospitals in the kingdom, in the hope that the answers would prove (what I now feel assured they will) perfectly satisfactory. From only *fifteen* of these have replies been received by me; and in the case of *one* no information was given. But by reference to the *fourteen* returns included in the accompanying table, it will be seen *generally* —that there is *no printed rule* affecting the propriety of post mortem examinations—that they are resorted to in *most of the fatal cases*—that the period for inspection varies from *four* to *twenty-four hours*, and *occasionally earlier*—that the *previous consent* of friends is *not generally asked*—that when they do take place *without such previous consent* (which happens in *nearly every case*) no decided *objection* to such steps is expressed afterwards—and lastly, that *very rarely* is there any repugnance to admission into the hospitals *on account of such post mortem examinations*. It also appears that when they take place, *as a matter of course in all such cases*, there is (if possible) less thought and said on the subject, than where they are *comparatively rare;* forasmuch as they thus (by their infrequency or uncertainty) become exceptions to some other case.

I will only now add, in conclusion, that, perceiving how easily a morbid sensibility and prejudice are set up by the kindling of a very small spark, I have deemed it expedient to withhold the *names* of the several hospitals from which I have obtained the necessary information; but I have shown them in manuscript to *several* individuals, and I have enumerated the *beds* which each hospital contains, as the surest index to its *size and importance*. I moreover pledge myself, that (verbal errors excepted) the answers between *inverted commas* are the *exact original expressions*, and that the rest are the *accurately condensed* substance of the more verbose replies. I must further add, that I should omit an important part of my object in this publication, if I were not to *demand* the exculpation of the Medical Board. For since there is *no rule* in our hospital either *forbidding*, *limiting*, or *regulating* post mortem examinations,—since it is known that similar inspections, (though unfortunately rare when compared with the practice of other hospitals) have been *heretofore* proceeded in *without comment from the governors*,—and since the custom of nearly every *reputed* infirmary *sanctions the practice* to the fullest extent,—I maintain that the five medical officers *were unanswerably justified in proceeding to the examination of the deceased*. And I call upon a discriminating public, in the name of common justice, and with a due regard for scientific perfection, to acquit them *collectively* of any *breach of professional or institutional regulation;* and to diabuse their own minds of any *false impression* which may have been made upon them, alike injurious to the humane feelings, and detrimental to the official character, of either of them *individually*.

# A STATISTICA

Exhibiting at one view the general practice of Fourteen of the principal Hospitals i
The words between inverted commas are the *verbatim* answer

| TEN QUESTIONS of Information respecting *post mortem* Examinations. To which are appended the *Answers* received from each of fourteen of the principal Hospitals in the Kingdom, in vertical columns. | *A<br>HOSPITAL,<br>Containing 540 Beds.<br>Manufacturing District. | B<br>INFIRMARY,<br>Containing 200 Beds.<br>Manufacturing District. |
|---|---|---|
| 1.—Have you any printed Rule in your Hospital relating to *post mortem* Examinations? And what? | Examinations to be performed only in the presence of a medical officer: the patients' names to be inserted in a book, and signed by the physician or surgeon. | The body of a decease patient shall not be subjec to examination withou consent of the physician o surgeon, nor unless th physician or surgeon, o house-surgeon be present. |
| 2.—*In what proportion of Deaths do such Examinations take place?* | "In about eighty out of every hundred." | "We examine every person that dies, *as a matter o course,* unless a strong appeal should be made by the friends of the deceased when it is granted as a favour." |
| 3.—Who determines on the propriety of having recourse to them? | "Any medical officer who may feel interested." | It is a matter of course. |
| 4.—How soon after Death are they usually instituted? | "From twelve to twenty-four hours." | "About 24 hours afte death." |
| 5.—Does it happen under any circumstances that they are instituted within *two* or *three* hours after death?* | "On some occasions still earlier." | "I do not recollect an instance." |
| 6.—Is there a printed Rule rendering it necessary that the consent of friends be always obtained previously to an Examination? | "There is, but it has fallen into disuse." | "No." |
| 7.—Nevertheless, do you generally consider yourselves justified in proceeding to an Examination without going through the form of asking permission? | "Certainly—it is always done." | "We always do." |
| 8.—When you do ask, in what proportion of cases is consent given? | "In all, with very few exceptions." (But it will be seen, by the answer to question 7, that permission is seldom asked.) | "*When* we see friends previously, they seldom mak any objection." But vid answers to questions 2 an 7. |
| 9.—*When* post mortem *Examinations are had* without *previous consent, do the friends in general express any decided objection afterwards?* | "Very rarely." | "Very, *very* rarely. A least we do not hear of it." |
| 10.—Do you find that Patients are disinclined to enter your Hospital on account of such examinations? | "Never." | "It *may* operate on th minds of a few, but certainly not generally." |
| The NOTES of the Compiler. | * For obvious reasons it is considered desirable to withhold the publication of the names of the respective Hospitals, though several friends have seen them.<br>The number of *beds*, however, will add importance to the document. | N.B. The letter accompanying these answers speaks *explicitly* of the universality of post morte examinations, excepting o rare occasions, when th objections are considere deserving of attention. |

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* In deaths from Syncope, and some nervous affections, it would be improper to open the body immediately; but in a case like that at Canterbury, and in every instance where there is extensive organic disease, the sooner the body is examined the better.—(Edit. of Almanack.)

# TABLE;

England, (impartially selected,) respecting the Post Mortem Examination of Patients.
The other words are the accurately condensed substance.

| C | D | E | F |
|---|---|---|---|
| HOSPITAL, Containing 200 Beds. | INFIRMARY, Containing 350 Beds. | INFIRMARY, Containing 173 Beds. | INFIRMARY, Containing 150 Beds. |
| Agricultural District. | Manufacturing District. | Manufacturing District. | Manufacturing District. |
| There is no rule respect- ng post mortem examina- ions." | Rule, "Examinations shall never be performed unless by consent of friends, and with a written permission, signed by two of the managers. N. B. This rule is *never* acted upon." | "There is no rule respecting post mortem examinations." | Rule, The body of a deceased patient shall not be subject to examination, except with the consent of his physician or surgeon, and then only with the presence of a medical officer." |
| "In fifty out of every undred."* | "In upwards of ninety out of every hundred." | "In about seventy-five out of every hundred." | "From not having any record of post mortem examinations this question cannot be satisfactorily answered." |
| "The Medical attendant." | "The medical officer in attendance." | "The medical officer who attended the deceased, if interested in the case; if not the house surgeon." | "The house surgeon." |
| "24 hours." | "Usually in 24 hours, the body being seldom removed till the second day after death." | "The first or second day." | "In general the day after death." |
| "Never." | "Very seldom; except in cases when the body has to be conveyed to a distance." | "In very interesting cases, when the friends have purposed coming early, bodies have been occasionally examined very early." | "Not within the present house surgeon's knowledge. |
| "No." | Vide answer No. 1. "The rule is now obsolete." | "No." | There is no printed rule rendering permission necessary—but it is customary. |
| "Yes." | "Permission is seldom or never asked. It is generally known that all cases dying in this Hospital will be inspected; & we usually proceed to examination, unless the friends come forward early, and persist in opposing it." | "Yes; unless the deceased died by violence, in which case the coroner is first consulted." | No answer returned to this question. |
| "Two thirds." But by nswer 7, permission is not sually asked. | "Permission is seldom asked. But when necessary, one half are persuaded." | Permission not asked. Vide answer 7. | "Cannot state it *numerically*, but the proportion is very small." |
| "Some may do, but not any." | "Never." | "A popular prejudice *has* existed against post mortem examinations, but in this neighbourhood it has subsided within the last three years, though more bodies have been opened than formerly. We are careful to leave them decent, and without marks. And when friends arrive before the examination is ended, we explain to them, in an open manner, the importance of the inquiry, and the good likely to result to the living; rather than by concealing the matter, lead them to suspect deception, and perhaps theft. | Vide Answer 6. |
| "We *sometimes* hear of person that is." | "I am not aware of a single instance." |  | "We have not heard any remark which would lead us to suppose the existence of such a prejudice." |
| * The answers to this uestion have been reduced fractional parts of a hun-red, in order that they ay assimilate. |  |  | N.B. There is a large Irish population in this neighbourhood, which fact will account for the comparative infrequency of post mortem examinations. |

| Ten Questions of Information respecting *post mortem* Examinations. To which are appended the *Answers* received from each of fourteen of the principal Hospitals in the Kingdom, in vertical columns. | **G**<br>INFIRMARY,<br>Containing 184 Beds.<br>Manufacturing District. | **H**<br>HOSPITAL,<br>Containing 200 Beds.<br>Manufacturing Districts |
|---|---|---|
| 1.—Have you any printed Rule in your Hospital relating to *post mortem* Examinations?<br>And what? | There is no rule respecting post mortem examinations. | There is no rule respec ing post mortem exami ations. |
| 2.—*In what proportion of Deaths do such Examinations take place?* | “Nearly all. In fact, in all cases of any interest.” | “In all cases where a d *cided* objection on the pa of the friends is not made |
| 3.—Who determines on the propriety of having recourse to them? | “The physician, surgeon, house-apothecary, or house-surgeon, as the case may be.” | “The physicians ar surgeons. But it is cons dered a matter of course. |
| 4.—How soon after Death are they usually instituted? | “The next day.” | “From 8 to 24 hours.” |
| 5.—Does it happen under any circumstances that they are instituted within *two* or *three* hours after death? * | “No.” | “Very rarely, so early.” |
| 6.—Is there a printed Rule rendering it necessary that the consent of friends be always obtained prievously to an Examination? | “No. But an order of the board to that effect exists. But permission is never asked.” | “No.” |
| 7.—Nevertheless, do you generally consider yourselves justified in proceeding to an Examination without going through the form of asking permission? | “We never ask. But generally, though not always, we inform the friends that such will be done.” | “Yes.” |
| 8.—When you do ask, in what proportion of cases is consent given? | *Permission* not asked. Vide Ans. 7. | “We seldom ask, ar have therefore no opport nity of judging.” |
| 9. *When* post mortem *Examinations are had* without *previous consent, do the friends in general express any decided objection afterwards?* | “No; they think it a matter of course, and say nothing about it.” | “Very few.” |
| 10.—Do you find that Patients are disinclined to enter your Hospital on account of such examinations? | “I do not think it makes the least difference.” | “No.” |
| The Notes of the Compiler. | N.B. “I have seen both systems extensively tried, (says the writer of these answers,) and I believe that the prejudice is much sooner and more completely overcome, if inspections take place as a MATTER OF COURSE than if permission is always asked. We have never had any complaints laid against us; for we are always careful to leave the bodies as neat as possible, and not to disfigure them more than is absolutely necessary for a FULL investigation of the diseased parts.” | |

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* See note to first column, p. 150.

| **I**<br>INFIRMARY,<br>Containing 100 Beds.<br>Agricultural District. | **K**<br>HOSPITAL,<br>Containing 105 Beds.<br>Agricultural District. | **L**<br>INFIRMARY,<br>Containing 95 Beds.<br>Manufacturing District. | **M**<br>HOSPITAL,<br>Containing 460 Beds.<br>Manufacturing District. |
|---|---|---|---|
| There is no rule respecting post mortem examinations. | There is no rule respecting post mortem examinations. | There is no rule respecting post mortem examinations. | There is no rule respecting post mortem examinations. |
| "In most cases." | "I do not know the exact proportion, but frequently." | "In eighty-seven cases out of every hundred. We *always* inspect the cadaver, unless the friends previously intimate a desire to the contrary." | "In ninety-nine cases out of every hundred." |
| "The physician or surgeon under whose care the patient may have been." | "The physician or surgeon under whose care the patient had been." | "The physician, surgeon, or resident surgeon." | "The medical man under whom the case was." |
| "Usually on the first or second day." | "From 8 to 24 or 30 hours." | "About 24 hours, more or less." | "Between 12 and 24 hours." |
| "Never." | "I have never known an instance." | "Never." | "Certainly not — for a patient may not be removed from his ward *within* three hours *after* death." |
| "There is no printed rule, but as far as possible the consent is obtained. In important cases the examination is proceeded in, and the circumstances explained." | "No." | "There is not." | "No." |
| Vide answer to question No. 6. | "Yes." | "We do. But should the friends express a wish that there should be no autopsy, we comply with their wish." | "Certainly." |
| "In most instances the friends are *prevailed upon* to comply." Vide Ans. 6. | "It is not customary to ask consent." | "Consent not usually asked." Vide Answer 7. | "We do not ask consent." |
| "The reasons for proceeding to examination are fully explained. And it is rare that any great expression of disapprobation follows." | "I have never known them to be dissatisfied. Much care is always taken to avoid unnecessary disfigurement of the body." | "Objections have only been urged once; and in this case the friends had not been informed of the death." | "Scarcely ever." |
| "Certainly not." | "I have heard such an objection, but it is not a common one, and does not prevent the Hospital from being almost constantly filled." | "We do not. The post mortem examinations have latterly much increased; yet the Hospital never had so great a number of applicants for admission." | "Certainly not." |
| N.B. There has existed a great prejudice against post mortem examinations, but it has almost entirely subsided. | | N.B. The friends are always informed of there having been an examination. | |

| Ten Questions of Information respecting *post mortem* Examinations. To which are appended the *Answers* received from each of fourteen of the principal Hospitals in the Kingdom, in vertical columns. | **N**<br>HOSPITAL,<br>Containing 480 Beds.<br>Manufacturing District. | **O**<br>INFIRMARY,<br>Containing 100 Beds.<br>Manufacturing District. |
|---|---|---|
| 1.—Have you any printed Rule in your Hospital relating to *post mortem* Examinations?<br>And what? | "There is no rule respecting post mortem examinations." | "There is no rule respecting post mortem examinations." |
| 2.—*In what proportion of Deaths do such Examinations take place?* | "In sixty cases out of every hundred.—And those not examined are principally Irish." | "In all cases, unless the friends are particularly anxious that such examinations should not take place: but such objections are very rarely made." |
| 3.—Who determines on the propriety of having recourse to them? | "No particular person. We examine every one that we can." | The medical officers. |
| 4.—How soon after Death are they usually instituted? | "Four hours generally." | "Usually in 12 hours." |
| 5.—Does it happen under any circumstances that they are instituted within *two* or *three* hours after death? * | "There would be no objection if leave was given by the friends." | "It does not." |
| 6.—Is there a printed Rule rendering it necessary that the consent of friends be always obtained previously to an Examination? | "It is not done without consent of friends, unless the friends are implicated in the death." | "There is not." |
| 7.—Nevertheless, do you generally consider yourselves justified in proceeding to an Examination without going through the form of asking permission? | "No." | "Yes." |
| 8.—When you do ask, in what proportion of cases is consent given? | Consent necessary. (Therefore probably many are examined secretly.) | Permission is not asked in the case of in-patients. |
| 9.—*When* post mortem *Examinations are had* without *previous consent, do the friends in general express any decided objection afterwards?* | No; provided the body is left fit for their inspection, and the necessity of the case explained to them. | "They do not." |
| 10.—Do you find that Patients are disinclined to enter your Hospital on account of such examinations? | "No." | "We do not." |
| The Notes of the Compiler. | N. B. In consequence of the numbers and violence of the Irish, consent is *nominally* enjoined by the Board.<br>The above answers are carelessly given. Compare 2,8, and 9, together. | |

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* See note to first column, p. 150.

## FRENCH AND ENGLISH WEIGHTS AND MEASURES.

| | |
|---|---|
| Pound, Avoirdupois | 7000 grains |
| Ounce, Avoirdupois | 437.5 |
| Pound, Troy | 5760 |
| Ounce, Troy | 480 |
| Kilogramme | 15406.312 |
| Gramme | 15.4063 |
| Decigramme | 1.5406 |
| Centigramme | 0.1540 |
| Milligramme | 0.0154 |

### *Measures.*

| | |
|---|---|
| Yard | 36.inches |
| Metre | 39.37079 |
| Decimetre | 3.93708 |
| Centimetre | 0.39370 |
| Millimetre | 0.03937 |
| The seconds pendulum vibrating at London | 39.13929 |

| | Cubic inches. | Grains of Distilled water. |
|---|---|---|
| Imperial gallon | 277.274 | 70000 |
| Imperial pint | 34.65925 | 8750 |
| Imperial fluid ounce | 1.7329625 | 437.5 |
| The old wine pint | 28.8827 | 7291.666 |
| Old fluid ounce | 1.805169 | 455.73 |
| Cubic Inch | 1. | 252.458 |
| Litre | 61.02525 | 15406.312 |
| Decilitre | 6.10252 | 1540.631 |
| Centilitre | 0.61025 | 154.063 |
| Millilitre | 0.06102 | 15.406 |

### ANCIENT FRENCH WEIGHTS STILL USED IN PHARMACY.

Liquids are weighed as well as solids by the French, who have no *fluid once*. *Grain* and *goutte* are used synonymously. *Palette*, or *Poelette*, is a measure employed in bleeding; it contains four French ounces.

| French Weight. | | English Grains. |
|---|---|---|
| gr. | Grain | 0.82 |
| ℈ | Scrupule (24 grains) | 19.62 |
| ʒ | Gros or Drachme (3 Scrupules) | 58.85 |
| ℥ | Once (8 gros) | 471.28 |
| lb. | Livre (16 onces) | 7535.84 |

### COMPARISON OF FOREIGN WITH THE BRITISH APOTHECARIES' WEIGHT.

The subjoined Table, by M. Quetelet, is from the *Belgian Annuary*, but the numbers have been reduced, and, instead of the Belgian, the London pound has been taken for unity :—

| | |
|---|---|
| London, the pound, apothecaries' weight | 1.0000lb. |

| | |
|---|---|
| Vienna, the pound, apothecaries' weight | 1.1360 |
| Belgium | 1.0050 |
| Paris (the pound of 12 ounces) | 0.9893 |
| Amsterdam | 0.9889 |
| Hanover | 0.9780 |
| Germany | 0.9599 |
| Nuremberg | 0.9586 |
| Stockholm | 0.9549 |
| Prussia, the new medicinal pound common to all the kingdom; it is 3-4ths of the pound employed in commerce | 0.9404 |
| Madrid | 0.9247 |
| Rome | 0.9091 |
| Lisbon | 0.8664 |
| Naples | 0.8585 |
| Genoa | 0.8499 |
| Turin | 0.8241 |
| Venice | 0.8094 |

The apothecaries' pound is every where divided into 12 ounces, the ounce into 8 drams, the dram into 3 scruples, and the scruple into 20 grains. (M. Quetelet.) The numbers in the above column, therefore, not only express the comparative value of pounds, but of ounces, drams, scruples, and grains; for example:—

The German pound is equal to 0.9599 pound, Lond.apothecaries' weight.
Ounce .. 0.9599 ounce . . . .
Dram .. 0.9599 dram . . . .
Scruple .. 0.9599 scruple . . . .
Grain .. 0.9599 grain . . . .

M. Quetelet's assumption, that the scruple is every where divided into 20 grains, is not quite correct; for in France, the scruple is divided into 24 grains, and the pound of 16 ounces is commonly used. In Rome, the ounce is divided into 24 denari, the denaro into 24 grains; in Naples, the ounce is divided into 10 drams, the dram into 3 scruples, the scruple into 20 acini.* With these exceptions, the table applies universally to pounds, ounces, drams, scruples, and grains. Its utility is obvious; the difference (81:114) between weights of the same denomination is too great to be overlooked, as is too frequently done in translations from foreign languages.

## AUSCULTATION OF THE LUNGS.

*The Respiratory Murmurs, Resonance of the Voice, of Cough, and certain Rattles, are heard on applying the ear or stethoscope to the chest.*

In auscultating, the stethoscope should be held in the hand lightly, and fixed flat on the skin; the small opening corresponding to the external opening of the ear.

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* See Annalen der Pharmacie, Oct.- Dec. 1834.

When the anterior part of the chest is examined, the patient may sit with his arms thrown back, or he may recline on the bed; in examining the back, the arms should be firmly crossed, and the back rounded, while the patient sits up and leans forward.

### *Sounds produced by Respiration.*

I. THE RESPIRATORY MURMUR is at its *maximum* (1) in *infants* (puerile) (2) in the *healthy parts* of a lung partially hepatized; 3. at its *minimum* in old people (senile): perfectly healthy lungs sometimes give no respiratory, sound. It is heard most distinctly (1) in the axilla, (2) between the clavicle and the anterior border of the trapezius, (3) between the clavicle and the breast, (4) posteriorly, between the vertebral column and the inner border of the scapula.

### 1. *Changes in its intensity.*

The respiratory murmur *ceases or diminishes* whenever any obstacle prevents, to a greater or less extent, the entrance of the air into some of the pulmonary cells; at the same time the murmur becomes louder where there is no obstable.

A more intense sound indicates *tubercles*, *lobular pneumonia deeply seated*, *diseased heart*, &c. After obstinate catarrhs, and in vesicular emphysema, the respiratory movements take place silently, because the vesicles of the bronchi have, perhaps, lost their elasticity.

### 2. *The respiratory murmur varies in its nature.*

II. BRONCHIAL RESPIRATION is the sound of respiration, as observed in the larynx, trachea, and larger bronchi; it appears dry, and the air seems passing through a large empty space.

1st Variety: often where percussion produces a dull sound, a murmur is heard which may be pronounced an *exaggerated puerile respiration*; it indicates that the air does not enter the cells; or the existence of hepatization; it is one of the earliest signs of an accumulation of tubercles.

2nd Variety resembles the sound produced by blowing with some force into a wooden or metallic tube, closed at the opposite end.

3rd Variety: this is a puffing noise, produced by every inspiration, and somewhat resembles that made by blowing out a candle.

These sounds occur in pulmonary hepatization, or effusion into the pleura.

In the latter case, in adhesions, and where emphysematous vesicles protrude on the pleura, if the patient lies on his face, a sound is heard, as of two bodies rubbing against each other; it takes place from above downwards, and vice versâ, during expiration and inspiration.*

III. CAVERNOUS RESPIRATION.—A bellows-sound at each inspiration is ordinarily indicative of a cavity consequent to the deposition of tubercles and ulceration. During expiration the wind appears to be puffed into the ear of the auscultator. It becomes more distinct in proportion as the cavity enlarges, or approaches the surface.

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* This ascent and descent of the lungs can be seen very well through the intercostal muscles of the mouse, where it amounts to the eighth of an inch.

Rattles (Râles) are produced when the air meets with a liquid, or when the bronchial tubes are contracted in any part. *Rhonchus* is sometimes employed.

1. *Crepitation* is like the crackling of salt in the fire; of a healthy or emphysematous lung, pressed between the fingers; or of hair rubbed near the ear: one would imagine there was a fluid in each air-cell which formed a bubble at every respiration. In crepitation the bubbles are all equal, are heard during inspiration only, and continue after expectoration.

A sign of engorgement of the sides of the vesicles, and of the presence of blood or pus in the small bronchi or air-cells, it occurs in the first stage of pneumonia, in hemoptysis, and œdema of the lungs. In the two latter cases the bubbles seem larger. This sound runs into the varieties of bronchial rattle; and when the bubbles are large, is called *subcrepitation.*

2. *Dry large-bubbled crepitation.*—Crackling observed only during inspiration. It is indicative of emphysema of the pulmonary substance, and of the interlobular tissue, occurring when the vesicles are enlarged and ruptured.

### *Bronchial Rattles.*

1. *Dry sonorous Rattles.*—There are several varieties; (1) a sort of snoring sound; (2) the tone of a bass-string in vibration; (3) a cooing sound, (4) or whistling. These sounds arise from partial contractions of the bronchial membrane, or mucous deposits, obstructing the current of air; and are frequent in chronic pulmonary catarrh.

2. *Mucous guggling rattle*, (moist bubbling.) This has been compared to the rattling in the throat of the dying, and shows that there is an accumulation of fluids in the bronchi. It occurs principally in pulmonary catarrh, with copious mucous secretion.

3. *Gargling (gargouillement)* is met with where there are tuberculous excavations: sometimes a bronchial bubbling rattle is heard only, but on the patient's being desired to cough or inspire, the gargling is distinctly heard.

Voice.—In a healthy individual, the voice reverberates under the ear, all over the thorax; especially in those who have a bass voice, or a large chest. The resonance is always greatest between the spine and the scapulæ, where the great bronchial divisions exist.

In some diseases of the chest, bronchophony, pectoriloquy, and ægophony, are remarked.

1. *Bronchophony* is a partial resonance of the voice; generally connected with solidification of the lung; and sometimes with a mere dilatation of the bronchus. Where there is any doubt whether bronchophony or pectoriloquy exists, both sides of the lung should be examined, and carefully compared.

2. *Pectoriloquy.*—The voice in this case comes direct from the chest, to the ear, as if it were formed within the lungs. It indicates the existance of a cavity; is more circumscribed than bronchophony; and may

be either perfect, imperfect, or doubtful. By placing the stethoscope on the larynx of a person speaking, an idea may be obtained of pectoriloquy.

3. *Ægophony** is a sound resembling the bleating of a goat, or a snuffling human voice; and is observed in certain stages of pleuritic effusion.

COUGH.—1. *Bronchial Cough* is a resonance of the noise caused by coughing, in the large bronchi; it accompanies bronchial respiration, and denotes that the air is not allowed to enter the cells.

2. *Cavernous Cough.*—Here (1) the gurgling becomes more manifest than in cavernous respiration: or, (2) it is absent, but the cough shows that the sound takes place in a cavity where each movement of inspiration and expiration agitates the air.

METALLIC TINKLING resembles the sound produced by striking a metallic vessel with a pin, and occurs where there is effusion of liquids and gas in the pleura. It is imagined that the bronchus opens below the fluid, and that the air escaping on inspiration, ascends in bubbles, which burst on the surface, and tinkle, when metallic tinkling is heard: the agitating fluids may be heard on succussing the chest.

## PERCUSSION.

On striking different parts of the body, various sounds are produced, dull or clear in proportion as the subjacent parts contain more or less elastic fluid. The pulpy ends of the middle and fore finger are employed to strike, and the ivory plessimeter, a piece of leather, or the second phalanx of the fore finger of the left hand, is placed on the part to be struck. On the surface of the body the following scale of sounds may be distinguished, beginning with the dullest: the femoral, the jecoral, the cardial, the pulmonal, the intestinal, and the stomachal, the clearest of all. Besides these, there are the osteal, the humoric, (when organs are filled with air and liquid,) the hydatic, and the *bruit de pot fêlé*, occurring where a cavern with a narrow outlet is filled with air.

### *Percussion of the Thorax anteriorly.*

The *right side* of the chest will be found, on percussion, clear, (pulmonal,) from the summit of the lung to the sixth or seventh rib. It is necessary to strike forcibly over the mammæ, or all over the chest when the person is stout, in order to obtain the sound. A dull (jecoral) sound is heard in descending from the sixth rib, till the intestine is approached. The sound is generally pulmonal between the heart and the liver; which terminates superiorly, an inch from the median line. The sound of the sternum is clear down to within an inch and a half, or two inches and a quarter, of the ensiform cartilage: where, on account of the subjacent right auricle, it is dull, and only becomes clear below the junction of the ensiform cartilage with the sternum. *On the left side* the sound is clear from the clavicle to the fourth rib; and from this point to the sixth rib the cardial (dull) sound is encountered: two transverse lines, one passing through the nipple, another over the scrobiculus cordis, form the superior and inferior limits of the cardial sound. On percussing from the right side to the left, the heart is sometimes perceived an inch, more frequently half an inch, to the right of the median line; the cardial sound grows duller in proceeding over the left ventricle, and then becomes pulmonal. The boundaries of the heart should now be marked out with nitrate of silver; they will describe a surface of one and a half, or two and a quarter, square inches; not quite equal to the volume of the heart, because the lung overlaps half the left ventricle.

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* *αιξ, αιγος, a goat, φωνή, voice.*

### *Percussion of the Thorax posteriorly.*

The *vertebral column* of the thorax gives a clear sound on percussion, down to the second and third false ribs: to the same longitudinal extent the spaces between the vertebral borders of the scapulæ ought to yield a pulmonal sound; but here changes in the situation of the heart, stomach, and liver, induce certain modifications, which are easily appreciated.

The *regio supraspinata* gives no remarkable sound: in the region below the spine of the scapula, the sound is clearer; lower down on the right side the jecoral sound is perceived; on the left side the spleen may be detected.

The *lateral surfaces of the thorax* present inferiorly sounds analogous to those elicited from the corresponding regions of the anterior surface.

The parts naturally yielding a clear sound become dull on percussion; 1, in pleuritic effusions; 2, in hepatization of the lungs; 3, in tubercular depositions; 4, in dilatation of the bronchi compressing vesicles; 5, where tumours are developed within the chest. An unnaturally clear sound is produced where, 1, the vesicles are dilated, (*vesicular emphysema*); 2, in certain cases of dilated bronchi; 3, in pneumothorax and hydro-pneumothorax, the quantity of liquid being small.

A noise like that of a cracked pot, *bruit de pot fêlé*, is elicited by striking over a large cavern not broken, containing a considerable quantity of air.

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## FORMULARY OF NEW MEDICINES.

Half the medicines in the London Pharmacopeia are never prescribed; half the medicines prescribed are not in the Pharmacopeia.—*Anon.*

This formulary of new medicines, many of which are in general use although not yet introduced into the London Pharmacopeia, is abridged in great part from the eighth edition of Magendie's Formulary: authorities are often given for the employment of particular drugs; and where this is not done, general consent or the opinion of M. Magendie are the only sanction. Numerous additions have been made this year from the English, French, German, and American Journals. Some difficulty occurred relative to the weights, which may now be read as our apothecaries' weights.

If the reader will refer above, he will perceive that the French grain is =0.82 grains English, or that 5 French grains are nearly equal to 4 English grains; the *gros* is nearly 59 grains, (58.85,) or an English dram within 1 grain; the *scrupule* being the third of a gros (19.62 grains): in all cases the *gros* and *scrupule* have been rendered by dram and scruple; the difference was considered unimportant; and in other cases the quantities have been so altered as to preserve whole numbers, while the essential ingredient remained in the same dose. The liquids should be weighed; and it will be borne in mind that the French ounce is 471 grains, or 15 grains more than the English fluid ounce of distilled water.

ACETATE OF LEAD AND OPIUM in *Pneumonia*. Drs. Ritscher and Chevalier have related cases of pneumonia treated successfully with small doses of the acetate of lead and opium, after blood-letting.

ACONITIN.—M. Hesse, by treating the dried leaves of the *aconitum napellus* according to the process employed in procuring *atropine*, obtained this alkaline, white, uncrystallizable substance.

It is inodorous; its taste is bitter, then acrid; but the acrid property does not belong to the aconitin, for it disappears when this alkali has been combined several times with acids, and the salts formed have been successively decomposed.

Aconitin, when pure and deprived of its acrid principle, is in the highest degree poisonous. The 1-60th of a grain in a little diluted alcohol is sufficient to kill a sparrow in a few minutes; the 1-15th grain kills a small bird with the rapidity of lightning; applied to the eye, it dilates the pupil, for a short time only. (For its medicinal effects, see Turnbull.)

It is slightly soluble in water, very soluble in alcohol or æther, and soluble in nitric acid. It completely neutralizes acids, but the salts do not crystallize.

The ARSENIATE OF POTASH is the only substance which Mr. Mackenzie has seen of use in chorioideitis. Dose, gr. 1-32nd, three times a day, in the form of pills.*

RADIX ARTEMISIÆ VULGARIS has been employed with success by Dr. Biermann, in the *Eclampsia infantium* occurring during dentition; the dose should not exceed 2 grains. Dr. B. anticipated great advantage from its influence on the brain in the latter stages of hydrocephalus and apoplexy. Dr. Kahlert has related numerous cases of epilepsy in young people, cured by its continued administration. Only the *fibrillæ radicis* gathered in spring are to be used.

BALLOTA LANATA—recommended in rheumatic, arthritic, and gouty affections, by Professor V. L. Brera.

This plant is indigenous in Siberia, where, according to Pallas and

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* Medical Gazette, 1833.

Gmelin, it is employed in dropsy. "I had," says the Professor, "an opportunity of verifying, in my practice, the efficacy of the diuretic and resolvent properties of this plant in dropsies depending on visceral congestion. And as, in employing it, I found that it succeeded more frequently in dropsies connected with rheumatism and arthritic diseases, I prescribed it directly in these affections. The success surpassed my expectations." Several facts in support of this favourable opinion are cited.

Dose—℥ss to ℥i were given in decoction (℥viii) daily.

**Extract of Belladonna** applied endermically in coughs, in inflammation of the respiratory organs, and in phthisis, serves better than any other narcotic to reduce the irritation to the minimum degree required for expectoration.

**Berberin.**—The bitter principle of the Barbary root obtained by the two Buchners. It forms sharp-pointed crystals of a brilliant yellow colour, has a bitter taste, is soluble in 500 parts of cold water—in 250 parts of alcohol; and does not react on litmus paper: from its combining with the alkalis and metallic oxides, it appears to belong rather to the series of sub-acids and colouring matters, than to neutral bodies. Composition, carbon 61.16, hydrogen 5.11, nitrogen 4.29, oxygen 29.11. It bears a considerable resemblance to rhubarbarin.

Recent experiments prove that in grain doses it is a powerful but not irritating stomachic; that in doses of 8 grains and upwards it produces free evacuations (not watery); and that in many cases it may be preferable to rhubarbarin. Dissolved in Malaga wine it is a valuable medicine in convalescence.

This substance, easily obtained by treating the watery extract of the Barbary root with alcohol, and so strongly recommended by the Buchners, deserves to be tried in this country.

**Bignonia catalpa** was given by M. Automarchi, with success, in asthmatic affections.

A decoction made by boiling the seeds and diaphragms of three or four pods in 12 ounces of water, till reduced to 6 ounces, was given night and morning. Koempfer and Tauberg employed the bignonia in similar affections.

**Bromine** may be given where iodine does not succeed; it has lately been manufactured on a large scale by M. Barruel.

**Buchu**

**Carburet of Sulphur in Rheumatism.**—Professor Otto, of Copenhagen, treated four cases (three chronic) with a tincture made of carburet of sulphur, two drams, rectified spirit, half an ounce—four drops to be taken every two hours: and rubbing the parts with a liniment consisting of two drams of carburet of sulphur, and half an ounce of olive oil.

**Powdered Charcoal** in *Typhus Fever*. Dr. Becker has related several cases of typhus, some of which, in the stage of the disease when the bowels are ulcerated, (about the ninth day,) were greatly benefited by taking gr. ½—2 of charcoal in powder, every two hours. It was given with sugar of milk.

CHLORINE.—Chloride of soda and chloride of lime are extensively used to destroy fetid or impure odours, and have been called disinfecting agents. Chloride of soda, in the proportion of one part to ten or fifteen of water, is applied to carbuncles, hospital gangrene, cancerous or ill-conditioned ulcers (Magendie); corrosive tetter (Alibert); diphtheritic sore throat (Roche); and to burns, Lisfranc applies it from the commencement. The chlorides are recommended in fever by Stokes; in gonorrhœa, by Caussade. Chlorine is inhaled with advantage in phthisis, acute bronchitis, (Gannal,) and asthma.

COFFEE comes from the Arabic word *kahwa*, loathing. It was first employed at Mecca in the exercises of religion, to drive away sleep from those who watched at night; but was probably a common drink among the people of Yemen long before being introduced among the followers of the prophet. By the end of the ninth century of the Hegira, it had become a favourite drink all over Arabia. It was sold at Mecca and Cairo in coffee-houses; which, becoming the resort of gamblers and idlers, brought it into disrepute. Coffee was denounced by philosophers, physicians, and cadis. Great dissensions arose, and more than once its sale was forbidden, the coffee-pots were broken, and the venders of the supposed poison were mercilessly bastinadoed. Nevertheless, the number of its admirers increased, and, through good and evil report, wrote poems and songs in its praise. *An Arabic MS.* translated by *Dr. V. Southeimer, on the use of Coffee, by Sheikh A.D., Hanbali.*

COLCHICUM in Fluor Albus.—Mr. Rutton, convinced by numerous facts of its efficacy, strongly recommends the powdered colchicum root in this affection. Dose 3-5 grains in pills, with soap, three times a day.

COLCHICIN.—Pelletier and Caventou discovered *veratria* in the bulbs of the colchicum autumnale: a substance also existing in veratrum album and sabadilla. Hesse and Geiger* have obtained colchicin by acting on the seeds of the colchicum with boiling alcohol, which takes up an acid salt; this salt is precipitated with magnesia; and the precipitate is again taken up with boiling alcohol; which, by evaporation, allows the colchicin to subside.

It crystallizes in the form of fine needles; it is not acid, and does not provoke sneezing like veratrine. It neutralizes the acids, forms crystallizable salts, and is soluble in water.

Colchicin is poisonous; 1-12th of a grain given to a cat two months old, produced salivation, frequent stools, vomiting, tottering, plaintive cries, convulsions, and death in about twelve hours. The stomach and intestinal canal were violently inflamed, and there was effusion of blood throughout their entire extent.

COMPRESSION in *cancer of the breast*, applied carefully and uniformly by means of pieces of sponge, cured ten out of thirty patients; and temporaily relieved four; while of the remaining sixteen, two were not benefited; and fourteen presented some prospect of recovery. This was the result of Recamier's numerous observations at the Hotel Dieu, of Paris, commenced in 1825, and published in 1829. Cayol has since seen compression diminish the pain and the swelling, where it has not effected a cure; it may be combined with the application of caustics. Recamier published fourteen cases of tumour in the breast, not having all the characters of cancer, cured by compression, in the course of five or six weeks.[*]

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* Annales de Pharmacie, vol. vii. c. 5, p. 275.

Dr. Christison has discovered an alkaloid, CONIA, in hemlock. "It seems to me," he says, "that Conia is either the active principle of the plant, or contains it in a modified form. I have no doubt whatever, that by far the greater proportion of the preparations of hemlock hitherto employed have been of very little energy, and in the doses commonly used are absolutely inert.—*Trans. of Roy. Soc. Edin. vol.* 13.

CREOSOTE.—Reichenbach, of Blansko, in Moravia, discovered in tar creosote, eupione, paraffine, picamar, pittacal, and capnomor.

The creosote he prepares from tar of the beech tree by six distillations, and by dissolving it afterwards in a solution of caustic potass three times, setting it free successively with sulphuric acid.

It may be obtained, of equal purity, from the tar of the pine tree, and with fewer operations.

The creosote should be colourless, and have a specific gravity of 1.037 at 20° cent. Its alcoholic solution, mixed with baryta water, should not turn brown on exposure to the air. It boils at 203° cent., and distils over without alteration. Its odour is peculiar, approaching that of smoked meat and castoreum. In its general properties it resembles the essential oils. Several medical men in Germany have confirmed its antiputrid, desiccative, and styptic properties. It has been applied in flabby, carcinomatous, and syphilitic ulcers, in *dartre*, scabies, and even caries, with signal success.

It is generally used externally, either pure, or in a solution prepared by distilling one part of creosote with eighty of water. To obtain a more concentrated solution, dissolve ʒi of creosote in ℥ii of alcohol: drop this into water till it begins to become opaque. The creosote is an excellent application to aching, carious teeth.

Reichenbach relates many facts tending to prove its efficacy in dysentery, and believes the inhalation of creosote would be highly advantageous in tracheal or bronchial suppurations. Experiments made in Munich on dogs prove that its action is topical. One of the carotids was divided, and the bleeding was checked for some moments by holding the vessel between the fingers, while a pad moistened with creosote was applied, When the artery was let loose, the blood did not flow, and the wound healed in a few days without a bandage.

It is extensively applied to burns and foul ulcerations of every kind, to cancerous and syphilitic ulcerations, to carious teeth, *capillary hæmorrhages*, and several furfuraceous eruptions; in diabetes, atonic rheumatism, phthisis, and chronic bronchitis, it is said to be beneficial. Dr. Elliotson alone has made a series of experiments on its action in one particular complaint; several cases of vomiting, treated by Dr. Elliotson, and published by Mr. Taylor, in the *Lancet*, recovered after its administration. At the Medico-Chirurgical Society, Dr. Elliotson has also stated that creosote is given with advantage in diabetes.

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[*] Recamier's "Recherches sur le Traitment du Cancer;" and Cayol's "Clinique." Dr. Young first treated cancer by compression; he was followed by Dr. Pearson; but Recamier appears to have been unacquainted with their labours.

The creosote is generally applied pure; but in 80 parts of water it forms an efficient *solution*, in some cases. It is applied on *cotton* to bleeding wounds. *Creosote ointment* is made with 12 drops of creosote and an ounce of prepared lard. Internally administered, the dose is one drop increased to 10 drops in camphor mixture, or in pills made with an absorbent powder.

CROTON TIGLIUM.—The croton plant probably produces the Indian purging nut, which has the same violent action. (Recamier.) One hundred parts of the oil contain an acrid principle, 45 parts; fixed oil, 55. A violent purgative: applied externally in chronic rheumatism, (Ainslie,) and in inflammations of the thoracic and abdominal viscera.

Croton oil, 10 drops.—Simple cerate, ½oz.

Dr. Fürst, of Berlin, cured a case of *diabetes mellitus* with the CUPRUM SULPHURICO-AMMONIATUM.

DELPHIA, found in Stavesacre (*delphinium staphisagria*) has the same medicinal effects as veratria. (Dr. Turnbull.)

DIGITALIN, the active principle of digitalis. (Leroyer, of Geneva.)

EMETIA.—From the cephaelis ipecacuanha and viola odorata.

4grs. of *coloured emetia* will produce vomiting, and may be administered in the same cases as ipecacuanha.

*Pure Emetia.—Emetic Mixture.*

Pure emetia dissolved in acetic acid, 1gr.
Infusion of lime flowers, 3oz.
Syrup of marsh mallows, 1oz. M.

Take a large tea-spoonful (80 min.) every quarter of an hour, until vomiting is produced.

ERGOT OF RYE is principally employed to promote uterine pains during the process of parturition: it may also be given to produce the expulsion of the placenta, or to stop uterine hæmorrhage; to hasten delivery in puerperal convulsions, and to promote abortion where the pelvis is deformed.

*Administration.*

In *powder*, it is given in doses of a scruple or half a dram. The *infusion*, or *decoction*, may be made of a dram of the ergot to four ounces of water: half to be taken as a dose, and repeated in an hour, if no effect be produced. The *tincture* is made by digesting two ounces of the ergot in a pint of proof spirit.—*Pereira.*

Fatty Principle of the buds of the male fern (aspidium filix mas.) The buds are digested in ether; the fatty matter obtained is administered in pills; one drop to a dose, against tænia. From 8 to 30 drops destroy the worm. (Dr. Peschier.) Most effectual in expelling tænia. (Magendie.)

Fermentoleum, a new vegetable substance, discovered by A. W. Büchner. For some time, Dr. B. had been endeavouring to obtain the principle which gives the aroma to wines; developed, in his opinion, during the fermentation of the grape, modified by the temperature at which this takes place, and giving at length to old wines, what is called their "bouquet." After macerating flowers of various kinds in water for six or eight days, he subjected them to aqueous distillation; and at length succeeded, after two distillations, in obtaining from the fresh Centaureum minus, a peculiar ethereal oil. After the fresh herb had remained twelve hours in water, an odour was developed, not previously possessed, which augmented for about forty or sixty hours, and then gradually disappeared. The distilled water had a penetrating, exciting, aromatic odour, too strong, when held to the nose, to be agreeable. The oil is green, thin, ethereal, and possesses in a high degree all the properties of the distilled water; it is very volatile; and when the solution is introduced, its odour instantly diffuses itself through the chamber. The taste of the *Ferment-water* is burning, and may be compared with that of Creosote, but it is as fugitive as the odour. It reddens litmus paper; but on drying, the paper resumes its colour. The formation of an ethereal oil by the fermentation of inodorous vegetable substances is an interesting discovery; and Dr. Büchner is undoubtedly justified in considering it analogous to the production of the aroma of wine from inodorous grapes.

The *Fermentoleum* resembles valerianic acid in many of its characters; its medicinal action is not very dissimilar. It is one of the most volatile and active of the nervous stimulants; and may be prescribed, where there is no active inflammation, in spasms, hypochondriasis, hysteria, the latter stages of typhus, asphyxia, and poisoning by narcotics. The Fermentoleum perhaps exceeds ether in efficacy, and approaches ammonia, without the disadvantage of being caustic.* An infusion of centaury, administered in injections to a child, who had ascites after a varioloid affection, cured him completely in the course of fourteen days. Is the fermentoleum prepared from the lesser centaureum diuretic?

Gentianin. *Tincture of Gentiania.*

Alcohol at 24°—1oz.—Gentiania, 4grs.

One of the best bitters in scrofulous affections.

Gold.—The chloride of gold, the chloride of gold and sodium, the oxide of gold, the purple powder of cassius, (probably deutoxide of tin and metallic gold,) are all useful in syphilis.

*Frictions with chloride of gold and sodium.*

Crystallized chloride of gold and sodium, 1gr.

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* Buchner's Repertorium III., 3.; 1835.

Powder of iris or lycopodium, washed with alcohol, to withdraw its soluble parts, 2grs.

Divide the first grain into 20 parts, and increase the dose gradually to 1-10th of a grain. Rub one into the tongue or gums, once a day. Four grains thus divided suffice to cure primary venereal symptoms.

GRENADIA and the *bark of the pomegranate root* expel tape-worm. Take first an ounce and a half of castor oil, and an equal quantity of syrup of lemons; then administer the

DEUTO-IODURET OF MERCURY, (Red.)—More powerful than the preceding. The ointment is made in the same proportions.

*Alcoholic Solution of the Deuto-Ioduret of Mercury.*
Alcohol at 36°, 1½oz.—Deuto-ioduret of Mercury, 16grs.

The dose is 8, 15, or 20 drops in a glass of distilled water. In scrofula, complicated with syphilis, it is said to be most successful.

*Pills of Deuto-ioduret of Mercury.*
Deuto-ioduret of Mercury, 1gr.—Extract of Juniper, 12grs.
Liquorice powder, q. s.

Divide into ten pills, two of which are to be taken morning and vening.

| IODURET OF SULPHUR, *in ointments.* | No. 1. | No. 2. |
|---|---|---|
| Ioduret of sulphur | 5 parts. | 8 parts. |
| Lard | 96 — | 144 — |

M. Biett has used ioduret of sulphur for several years in tubercular affections of the skin. Dr. Copland recommends it in chronic bronchitis.

IODURET OF ZINC, Dr. Ure proposes as a substitute for the ioduret of potassium.

IODURET OF IRON.—Dose; 2, 3, or 4grs., in distilled water, three or four times a day; administered as a tonic in dyspepsia, strumous affections, chlorosis, amenorrhœa, tabes mesenterica, rickets, &c. &c. (Dr. A. T. Thomson.)

Formula; Ferri iodureti, 2 to 4grs.—Aquæ destiliatæ, 11ozs.
Tinct. Aurantii, 1oz.—M. D. S. Haustus ter die sumendus.

IODURET OF LEAD is one of the most useful preparations of iodine; it is milder than that of mercury.

LACTIC ACID is recommended by M. Magendie in dyspepsia, or simple debility of the digestive organs, given in lemonade or lozenges.

LACTUCARIUM.—The juice of lettuce. *Pure Lactucarium* is the juice flowing spontaneously from the *Lactuca sativa* in the time of flowering: that prepared by evaporation from the expressed juice is not so good. (Pfaff.)

Dose; 2grs. to 10grs., every twenty-four hours—narcotic.

LICHEN CARAGAHEN stands in its chemical properties between lichen islandicus and gum Arabic.—*Pfaff.*

LOBELIN.—The active principle, which Colhoun (American Ph.) has obtained from the lobelia inflata by acting with diluted muriatic acid, seven or eight hours, on the leaves of this plant, decanting the liquid, and evaporating till crystals formed. To separate the crystals from foreign matter, alcohol is employed, which, on evaporating, leaves this substance in the form of a transparent extract.

Like the lobelia, it irritates the fauces in a peculiar manner. Alcohol dissolves it perfectly; ether scarcely at all. It forms salts with the acids. The tartrate is deliquescent, and forms indistinct crystals, which are obtained by exposing the salt to a moderate heat in order to evaporate the water. The sulphate and muriate present the same appearances as the tartrate, and are deliquescent.

The *lobelia inflata* is indigenous in Virginia and Canada, and is cultivated in the gardens of Paris,and this country. The Indians employ it as an energetic emetic.

Barton, Bigelow, and Chapmann state that this plant is acrid and dangerous; producing vomiting, copious perspiration, and sometimes colics and narcotism. By its employment Cutler cured an *asthma* with which he was afflicted, and wrote a memoir on the subject. Andrews administered the lobelia in asthma, hooping-cough, and spasmodic croup. M. Bidaut de Villiers gave the leaves and seeds in powder or tincture, as an emetic. As an emetic, the dose of the powdered leaves is from ten to twenty grains; half this dose is expectorant. The dose of the tincture is from thirty to forty drops: in New England the infusion is prescribed in leucorrhœa. Dr. Elliotson has employed the lobelia very extensively.

The lobelin obtained by Colhoun is probably impure.

LUPULIN.—Aromatic, tonic, and narcotic. (Dr. Ives.)

LYCOPODIUM CLAVATUM is employed by Dr. Bodewald in decoction against dysuria, whether from gravel or from atony of the bladder. The herb is preferable to the less certain seeds. ℞. Two tablespoonfuls of the lycopodium. A pint of water. Boil down to half-a-pint. Take a cupful every ten minutes.

MANNITE.—Dose; 2drs.; for children.

RADIX MEZEREI in doses not exceeding ½gr. is an excellent remedy in periostitis.—*Brodie.*

MOXAS of paper saturated with the *chromate of potash* are strongly recommended by Jacobsen, of Copenhagen.

MURIATE OF BARYTA, given at La Pitié, in white swelling by Lisfranc, produced a notable amelioration in the greater number of cases. Several patients took 40grs. daily; M. Pirondi has carried the dose to 2drs. The muriate of baryta lowers the pulse, which in one patient fell to 25 beats in the minute; it afterwards rose to between 35 and 40. On the average, the pulse was brought down to 50 or 55 beats.

Muriate of baryta, taken in the dose of one ounce, destroyed a female aged forty-two years in two hours; it produced spasms of the limbs, and after death a perforation was found in the stomach.—*Dr. Wach.*

Nitro-Sulphate of Ammonia in typhus fever. All the fever patients in the Hotel Dieu to whom it was administered in doses of twelve grains, dissolved in water, speedily recovered. Each patient took about ʒi. in all.—*Jour. de Pharmacie.*

### Nux Vomica, *and its active principles.*

### *Alcoholic Extract.*

Dose; 1gr. to 5grs., and occasionally to 30grs., in pills, or till tetanic shocks are felt. Given in debility and paralysis of the system, or of a particular organ. (Chauffart, Edwards.) In Dysentery. (Dr. Geddings.)

### *Tincture of Nux Vomica.*

Alcohol at 36°.—1oz.; dry extract of nux vomica, 4grs.

Dose; a few drops in a mixture, or used in liniment.

### *Decoction of pomegranate.*

Water, 2 pints; bruised bark of the root of the *punica granatum*, 2oz.; macerate in the cold for twenty-four hours; then boil by a slow fire until it is reduced to one pint; divide in three doses, one of which is to be taken every half or three quarters of an hour. The worm generally comes away an hour or two after the last dose.

Hyrocyanic or Prussic Acid.—Dose of the diluted acid, 1 to 4 minims.—Cures sympathetic cough, dyspepsia, with or without vomiting; pain of the epigastrium; pyrosis, and many affections of the chest (Dr. Elliotson); itching of the skin and acne rosacea, (Dr. A. T. Thomson.) It is prepared in several ways; according to processes proposed by Scheele, (employed in this country,) Vauquelin, and Gay Lussac. Magendie adopts the last, which, when diluted with six times its volume of water, he calls *medicinal prussic acid.* The strength of the acid in London is very variable: Mr. Everitt found that samples from Allen and Co. yielded 5.8 per cent.; from Apothecaries' Hall, 2.1 to 2.5 per cent.; and from several other sources, only 1.4 per cent. Mr. Laming decomposes the cyanuret of potassium with tartaric acid; and, it is stated, thus obtains an acid of uniform strength.

Cyanuret of Potassium may be advantageously employed instead of hydrocyanic acid.

Cyanuret of potassium, ʒi.—Distilled water, ℥i.

It may be given in the same doses and cases as hydrocyanic acid, and should be prescribed extemporaneously.

Cyanuret of Zinc has been extensively used in Germany. Cyanuret of Iodine and hydrocyanic æther have not yet been used in medicine.

The Cyanuret of Zinc, in scrofulous and rheumatic ophthalmia, sometimes removes great sensibility to light in the course of two or three days; Dr. Koch prescribes it in the following formula.

℞. Zinci cyanic.—gr. 8-20.
Laud. Liquor. Sydh.—Mxxv.
Gummi Arabic.—ʒii.
Aquæ Laurocerasi—℥ss.
Aquæ Ceras. Nigr.—℥iii., M.D.S.

INDIGO in *Epilepsy.*—From experiments made with this substance at La Charité, Berlin, Dr. Roth concludes that it is beneficial in all cases of true *idiopathic* epilepsy, curing those of recent origin, and diminishing the violence and the frequency of the paroxysms in those of long standing. Twenty-six cases were treated: nine males and five females, were cured. Dose to be increased to an ounce, or even more, per diem: it may be necessary to continue the treatment for more than *three months.*

To preserve INFUSIONS, Mr. Alsop recommends the application of the ordinary mode now adopted for preserving dressed meats, &c., "with this view, when the maceration has continued the time prescribed, the infusion should be strained *while hot*, and immediately transferred to bottles, provided with accurately ground stoppers, which are to be made perfectly *full;* allowing the stopper to displace its own bulk of the liquid. As the infusion cools, a partial vacuum is formed by its contraction, which is the more complete, the higher the temperature at which it is bottled, and the freer the infusion from diffused air. The same object may be effected by the use of a common bottle and *perforated cork*; closing the aperture immediately, from which the displaced fluid escapes, by sealing it with sealing wax. On this principle I have for several months preserved my infusions.—*R. Alsop. Amer. Jour. of Pharmacy, July,* 1836.

IODINE is given in bronchocele, scrofulous ulcers, phthisis, dropsy, and mercurial salivation.

*Tincture of Iodine.*
Alcohol, at 35°, 1 oz.—Iodine, 40grs.

Dose; 4 minims to 20, three times a day.

*Salt Iodated Waters of Lugol.*
No. 1, ½gr. (0.4) in a pint of sea-water,
No. 2, ⅔gr. (0.5)—No. 3, 1 gr. (0.8)

Children readily take these waters with sugar.
Magendie's formulæ are, for *Ioduretted Water.*
Ioduret of Potassium, 6grs.—Iodine, 1gr.—Water, 2 pints 6ozs.
This water may be the common beverage at meals.

*Solution of Ioduret of Potassium.*
Ioduret of Potassium, 30grs.—Distilled Water, 1 oz.

These two preparations may be administered as the tincture. Magendie has found that the dose of the ioduretted solution of potass may be augmented to 2, 3, or 4ozs. a day without inconvenience. Emaciated females have become stout during its employment. In young subjects with cardiac hypertrophy, the symptoms generally disappear in the course of a month by taking large doses of the hydriodate of potass. (Magendie.)

*Ointment of the Hydriodate of Potass.*

Hydriodate of Potass, 1 dram.—Lard, 1½oz.

*Ioduretted Hydriodate Ointments.*

| Ioduret of Potassium. | Iodine. | Lard. |
|---|---|---|
| No. 1, 64grs. | 8grs. | 1000grs. |
| 2, 160grs. | 22grs. | 1000grs. |
| 3, 160grs. | 26grs. | 1000grs. |

*Ioduretted Sarsaparilla.*

Decoction of Sarsaparilla, 2 pints.—Ioduret of Potassium, 1 dram.
Syrup of Orange-peel, 2ozs.

*Ioduretted Collyrium* in scrofulous ophthalmia.

Rose-water, 6ozs.—Ioduret of Potassium, 20grs.—Iodine, 1 to 1½gr.

On the effects of Iodine, see the works and papers of Coindet, Magendie, Lugol, Baudelocque, and Uldall.

**Iodate of Strychnia.**—Dose; 1-10th of a grain, given with success in many cases of long-standing paraplegia.

**Iodurets of Barium** and **Arsenic** have been employed by M. Biett in ointments.

*Proto-ioduret of Mercury (Yellow) Ointment.*

Proto-ioduret of Mercury, 16grs.—Lard, 1½oz.
In inveterate venereal ulcers.

*Quina with Aloes.*

Sulphate of quina, 2grs.—Powdered aloes, 1gr.
Mix. It acts freely on the bowels. (Dr. Copland.)

**Strychnia.**—Very pure strychnia, 2grs.; conserve of roses, ½ dram. Mix very accurately, and divide the mass into 30 pills.
Dose; 1-15th to 1-10th of a grain.

*Tincture of Strychnia.*

Alcohol, 36°, 1oz.—Strychnia, 3grs.—Mix.
Dose; from 5 to 20 drops, in any mixture or drink.

The sulphate, hydrochlorate, and other salts of strychnia, are more soluble, active, and poisonous than their base. Employed in the same cases as nux vomica. In hysteria, epilepsy, dyspepsia, gout, rheumatism, cholera. (Dr. Ryan.) In debility, and paralysis from lead. (Dr. Copland.)

**Brucia**, discovered in the spurious angustura, (*brucea antidysenterica*,) and subsequently found with strychnia in the nux vomica.
Dose; ½gr. to 4grs. Paralysis. (Andral.) It may be used in tincture, or the more soluble salts may be prescribed.

*The active principles of* **Opium**.

**Morphia.**—The salts are generally used, as they are more soluble; their effect is less permanent.
Dose; ¼ to ½gr.

*Solution of Acetate of Morphia.*

Acetate of morphia, 13grs.—Distilled water, 1oz.

Add 4 drops of acetic acid, and a dram of alcohol, to keep the salt in solution.

Dose ; 6 to 24 drops.

The sulphate and muriate may be dissolved, and prescribed in the same form.

*Solution of Citrate of Morphia.* (Black drop ?)

Take of opium, 4oz. ; citric acid, 2oz. ; to which add a pint of water, and macerate for twenty-four hours ; then filter. (Dr. Porter.)

Or, pure morphia, 13grs.—Citric acid, 6grs.
Distilled water, 1oz.—Tincture of cochineal, 2drs. ; mix.

The dose is from 6 to 30 drops during the day.

The muriate and acetate of morphia are most generally employed in this country.

NARCOTINA.—To this Magendie attributes the exciting effects of opium ; it is not given in medicine.

Extract of opium *deprived of morphia or of narcotine* may also be prepared. *Narceia* and *meconin* produce no appreciable effects.

CODEIA.—A whole year's experience of its use has shown me that a single grain (0.8) of codina, given in two doses, generally produces a calm sleep, not succeeded, as is often the case with morphia, by lassitude and heaviness of the head. Less active than morphia, it should always precede it as a remedy. Patients who had ceased to be affected by the salts of morphia, received great benefit from the salts of codeia. (Magendie.)

Codeia is distinguished from morphia by not paralyzing the lower extremities, and by exciting the circulation. Deduced from experiments on dogs. (Dr. Kunkel.)

PARAMORPHIA and PSEUDOMORPHIA ; the latter appears to have no effect on the animal economy, the former acts *tetanically* in the dose of a grain, and kills dogs in a few instants. It is difficult to distinguish its action from that of strychnia and brucia. (Magendie.)

OLEUM OPIATUM, made by digesting one ounce of opium in sixteen ounces of henbane at a moderate temperature ; combines better with ointments than the tincture of opium. (Neuber.)

PAREIRA BRAVA, *in chronic inflammation of the bladder*, or *catarrhus vesicæ*. I have been disappointed in the use of *uva ursi* ; I have seen much more good done by a very old medicine, which has been long ignominiously, but unjustly expelled from the Pharmacopœia of the College of Physicians—namely, the root of the pareira brava ; and with regard to this, I am satisfied that it has a great influence over the disease which is now under consideration, lessening very materially the secretion of the ropy mucus, which is in itself a very great evil, and, I believe, diminishing the inflammation and irritability of the bladder also. It may be exhibited in the following manner : Take half an ounce of the root of the pareira brava, add three pints of water, let it simmer gently near the fire until reduced to one pint. The patient is to drink from eight to twelve ounces of this decoction daily. You may add to it moderate doses of the tincture of hyosyamus ; and in those cases in which there is a deposit of the phosphates, you may add some of the muriatic or nitric acid, (Brodie.) The extracts of *pareira brava* and *uva ursi* are often prescribed. The decoction of the Buchu, (diosma crenata,) which of late years has been introduced as a cure for what has been called irritable bladder, is sometimes useful in these cases also. (Brodie.)

### *Principles obtained from* Peruvian Bark.

Pelletier and Caventou obtained the *cinchonia* from the grey bark ; (*cinchonia condaminea ;*) *quina* from the yellow bark; (*cinchonia cordifolia;*) the red bark yielded *cinchonia* like the grey bark, but in three times the quantity ; and *quina* in nearly double the proportion found in the yellow bark. Further experiments on a large scale have shown that both alkaloids exist in the three species of bark.

There are a sulphate and a supersulphate of quina ; the effloresced neutral sulphate is invariable, and the best for use. The dose in intermittents is 1 to 10grs. daily. Magendie states, as the result of his experience, that 2grs in twenty-four hours are sufficient to cut an ague short.

Muriate of Quina is more soluble and more active than the sulphate. Dose ; ½gr. to 1gr., or to 3grs. in obstinate intermittents. It is best given in powder, rubbed up with chocolate, or in pills. A drop of muriatic acid makes the *solution* more perfect. (Dr. Spielmann.)

### *Quina and Morphia.*

Combinations of bark and opium have long been celebrated in intermittents.
Sulphate of quina, 2 to 6 grains,
Sulphate of morphia, ½ to 1 grain.
Divided into two, three, or four doses, may be conveniently substituted.

*Quina with an emetic*, has cured obstinate fevers. (Dr. D. Gola.)

Emetic tartar, 3grs.—Sulphate of quina, 10grs.

Mix, and divide into eight equal parts, of which one is to be taken every two hours during the intermission.

Phloridzin, obtained by M. De Koninck, from the barks of the pear, plum, and cherry tree, has been employed in intermittent fevers. —*Bulletin Medical Belge.*

Phosphorus has been recommended in several affections ; it appears to be aphrodisiac.

Phosphorus, 1 oz.—Olive, or sweet almond oil, ½pt.

Cut the phosphorus in very small pieces ; introduce them into a well-stopped bottle ; let it stand for a fortnight ; decant, and scent it with oil of bergamot. It must always be kept in a dark place. 25 or 30 drops may be given daily, for three or four days.

Piperin, found in black pepper, has the same febrifuge qualities as the cinchonic alkalis. (Dr. Meli.)

PITAYNE.—The court of Rome having received as a present from the republic of Columbia, a certain quantity of Pitaya bark, which in fevers is there preferred to Cinchona, and brings a higher price than any other kind of bark, Messrs. Folchi and Peretti were invited to examine it separately. Folchi left its botanical relations obscure; Peretti discovered in it a new alkali, crystallizable with acids.

RHUBARBARIN.—Procured pure by Brandes and Geiger, is considered by the latter to be the purgative principle of Rhubarb. Geiger also discovered RUMICIN, a principle nearly allied to Rhubarbarin in the *rumex patientia:* the roots of which, when properly prepared, could not be distinguished by connoisseurs from Russian rhubarb. This powder is purgative.

SALICIN is a powerful febrifuge. Dose; 12grs. daily. (Magendie.) It is a febrifuge in a small degree. (Andral.)

Dr. Blom, in a valuable monograph on SALICIN, states that it acts particularly on the mucous membranes, increases their tone, and improves the secretions: in tertian fevers he gives 20 grains in 4 doses, in quartans 30 grains in 6 doses, every half-hour before the paroxysm. In sanguineous persons, and where there is a great disposition to cerebral congestion, or to profuse perspiration, *quina* is contra-indicated: *salicin,* in these cases, improves digestion and diminishes the sweating, without affecting the head, even in doses of 6 or 8 grains. PIPERIN, in persons of a weak digestion and languid circulation, is more efficacious than either quina or salicin; in intermittents it should be substituted for the former, where, from long use, large doses are required. In debility of the digestive organs salicin and piperin are not only borne better, but strengthen the stomach more than quina.

SALSEPARIN. — M. Poggiale has shown in a late memoir, that smilacin, salseparin, and parillinic acid, are identical with the *paraglin* of M. Palotta; the elementary composition of this substance is $C^8 H^{18} O^3$—($H^2 O$).—*Jour. de Pharmacie.*

SINAPISMS should be made with *cold* water; as water when heated to 190° Fah. prevents the disengagement of the volatile principle of *mustard.*

Dr. Zimmerman gave the SULPHATE of COPPER to fifteen children (age 1—6 years) labouring under well marked symptoms of *croup;* and, although the disease in some was very intense, in others far advanced, only two in fifteen were lost. Dose—4 grains at first, as an emetic: afterwards, one-fourth of a grain every two hours. Leeches were generally applied over the larynx.

SOLANIA was discovered in *Solanum Nigrum,* and *Solanum Dulcamara;* it produces vomiting and sleep.

With a diluted solution of SULPHURIC ACID, M. Lainé cured more than 500 patients of itch; the treatment scarcely ever lasted longer than a week.

UREA. Dose 30grs.—diuretic. (Magendie.)

Two cupfuls of a hot infusion of nettles, URTICA URENS, were taken by a lady, aged 38, on going to bed; in the morning about four o'clock she awoke with an itching, stinging feel of the skin, which by middle-day became œdematous, and was covered with small confluent vesicles extending to the loins. The breasts swelled, secreted serum, and then an abundant supply of real milk: at the same time the urine was suppressed, nor was a drop secreted for eight days. Will the pungent principle of the nettle promote the secretion of milk, or diminish excessive diuresis?*—*Dr. Friand.*

VALERIANIC ACID is obtained from the essential oil of valerian.

VERATRIA.—Obtained from the *Veratrum Sabadilla*, *V. commune*, *Colchicum autumnale*, and all the veratrum tribe: sabadilline and veratrine have also been found in the same family. Veratria is very acrid, and produces an abundant flow of saliva, violent sneezing, or diarrhœa. It is serviceable in procuring a prompt evacuation of the bowels, and in expelling accumulations of fæces in old persons. Colchicum and hellebore are uncertain in their strength and effects, and should give way to veratria.

### *Pills of Veratria.*

Veratria, 1 to 2 grains; gum Arabic, and syrup of gum sufficient to make eight pills of each grain. One of these pills may be administered at first, and if a purgative effect be not produced, three may be given in the course of the day.

### *Tincture of Veratria.*

Veratria, 4grs.—Alcohol, 1oz.

Dose; 8 to 20 drops in a cup of water. To be given in dropsy, anasarca, and gout, instead of tincture of colchicum.

### *Solution of Veratria* (for *eau medicinale.*)

Sulphate of veratria, 1gr.—Distilled water, 2oz. and 2drms.

Dose; a tea-spoonful in one or two ounces of distilled water. I have frequently cured tic douloureux by producing small blisters made along the course of the nerves, with a grain or two of veratria, repeating the operation every four or five days. (Magendie.)

### *Ointment of Veratria.*

Veratria, 3grs.—Lard, 1oz.

This may be used externally in chronic rheumatism, anasarca, and gout. (Turnbull.)

YEAST in *scorbutus gravior.*—Dr. Windisch administered yeast to five scorbutic patients, according to the formula first prescribed by Neumann:

℞ Fermenti cerevisiæ ℥ii
Mellis despumati ℥i
Aquæ destillatæ ℥viii—M.—

℥ss to ℥i to be given internally every hour: also apply the mixture externally. The patients were restored in a wonderfully short time.

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* Les seins d'une jeune fille qui n'est point enceinte peuvent fournir du lait, quand on les fustige des orties.—*Cardan de rerum variet. lib.* 8. *c.* 43. *p.* 164. *(Sprengel.)*

# NATIONAL STATISTICS.

## ON THE INCAPACITY OF THE STATISTICAL OFFICERS EMPLOYED BY THE ENGLISH GOVERNMENT.

One of the most satisfactory results of modern civilization is a general desire manifested by different nations to obtain an accurate record of facts in statistics; and more particularly in statistics of mortality, to which our attention is now to be directed. The Swedish nation stands pre-eminent in this respect, and, in a useful record of facts in mortality, is half a century in advance of any other European nation. It is only within the last two years that the English nation has collected any valuable statistics of Mortality; but information of a much superior quality might have been obtained, if the labour and money expended on the subject had been directed in its application by any person possessing, in an ordinary degree, the qualifications of a statistician. The official documents now collected are of considerable value, but the official results with which they are accompanied, are worse than useless, having no legitimate connexion with the official documents. The person selected by Government to recommend the form of the returns, and to deduce the results of these returns,has no acquaintance with the mere alphabet of Statistical science.

The Population volumes of 1821 and 1831 do not contain a single result (out of many thousands) correctly deduced from principles universally acknowledged by statisticians. The earlier results given by Mr. Rickman are erroneous in a very high degree: all his later results are equally erroneous in principle, although the amount of error has been diminished. He has published no less than four distinct and extensive series of results applicable to the same facts, all of which are really or apparently opposed to each other. In three of these series, the results are directly contradictory; in the fourth series an alteration has been made in the assumed facts, in order to produce an apparent reconciliation between a smaller and a greater error. From the multitude of false results published by Mr. Rickman, we may select the contradictory statements which he has made respecting the mortality in all England and Wales, during the ten years 1811—20. In the Preface to the Population Volume of 1821, at page xxxiii., in a Table professing to be an epitome of the entire decennial observation, he has stated that the average annual mortality of the total population amounted to 1 in 58. At page 489 of the Parish Register volume of 1831, he has stated the average mortality of the same decennial period to have been 1 out of 52.7. The former number is erroneous to the amount of 7½ per cent.; the latter number is ¾ per cent in error. The proportion of 1 in 58 has been frequently stated as a fact, in English and Foreign publications; the less erroneous proportion of 1 in 53 has not, we believe, ever been quoted in any publication. These contradictory proportions were obtained from the same assumed number of deaths; in both cases the registered deaths were increased by the number of unregistered deaths, (4 per cent.,) as estimated by the officers making the returns. A further increase of 4 per cent. is judged necessary by Mr. Rickman for unregistered deaths, of which no estimate was offered; but this increase forms no part of the results which we are now considering.

The principal error which pervades all Mr. Rickman's calculations, is of such a gross nature, that it is hardly credible that any well-educated person, not to say a professed statistician, could have displayed similar ignorance. In order to obtain the average annual mortality of the ten years 1811—20, he has divided the mean annual deaths by the number living at the *end* of the ten years. We feel convinced that every one of our readers must know that the proper "divisor" is the mean between the numbers alive at the beginning and at the end of the ten years, or the population alive at the end of the fifth year. The true increase of the population during the ten years was 15¾ per cent., or at the rate of 7½ per cent. every five years, or at the rate of 3¾ per cent. every 2½ years, or at the rate of ¾ per cent. every half year. Mr. Rickman has published three extensive series of results, all erroneous in the respective proportions of the numbers 7½, 3¾, and ¾ per cent. In the first series he has divided the mean annual deaths of the ten years, by the number living at the end of that time, instead of the number alive five years previously, which yields an error of 7½ per cent. In the second series, he has divided the mean annual deaths of the five years 1816-20, by the number alive at the end instead of at the middle of that period; which yields an error of 3¾ per cent. In the third series, he has divided the number dying in each year, by the number alive at the end, instead of the middle of the year; which yields an error of ¾ per cent. In each of these series, the assumed number of deaths is the same; the registered deaths having been increased by the estimated unregistered deaths, about 4 per cent. There is yet a fourth series of results, equal in extent to all the others combined. The great mass of results contained in the lithographed maps of the Parish Register volume of 1831, have been deduced, by dividing the mean annual deaths of each five years, by the number alive at the end of that time, involving an error in principle of 3¾ per cent. But, in this series of errors, the unregistered deaths have been cleverly excluded, so that the apparent mortality agrees very nearly with that of the first series of results, in which the error amounts to 7½ per cent. The dexterity with which it is thus proved that an error of 3¾ per cent. is equal to an error of 7½ per cent., cannot be sufficiently admired.

We may now present our readers with a sample of each of the four series of erroneous results, applicable to England, without Wales. In the first series, Mr. Rickman has properly taken into account the maritime and military population, by adding 1-50th part to the returned population; in the remaining three series, this part of the population (which may be more correctly estimated at 1½ per cent.) is assumed to have no existence. At the end of May, 1821, the population of England, as returned, was 11,261,437, to which the 1-50th part being added, we shall have 11,486,666 as the total attached population, from which the deaths at that time were derived. The registered deaths during the ten years 1811-20 amounted to 1,910,976, and the estimated unregistered deaths to 87,700. The registered deaths during the five years, 1811-15, were 923,559, and during the five years, 1816-20, they amounted to 987,417. The latter number exceeding the former by 7 per cent., and the population having increased 7½ per cent. in five years, it follows that the mortality during the entire period of ten years did not differ more than ¼ per cent. from the mortality during the five years, 1816-20, a difference which is not appreciable in the present case. The average annual deaths during the ten years, including the unregistered, will be 199,868. The average annual registered deaths, during the five years 1816-20 will be 197,483; to which, adding the annual unregistered deaths, 8770, we shall have 206,253 registered and unregistered deaths. The registered deaths in 1820 were 198,634, to which adding 8770, we shall have 207,404 for the total registered and unregistered of that year. The population of England at the end of the year 1820 is stated by Mr. Rickman to have been 11,180,340, this number being derived by subtracting five months increase from the population returned at the end of May, 1821.

There died in all England, according to four differently erroneous statements of Mr. Rickman, 1 out of 57, during the ten years 1811-20, (No. 1.); 1 out of 57, during the five years 1816-20, (No. 2.); 1 out of 55, during the five years 1816-20, (No. 3.); and 1 out of 54, during the year 1820. (No. 4.)

No. 1. from the Table at p. xxxiii. of the Population Volume of 1821,

$$\frac{1}{57} = \text{(more correctly) } \frac{1}{57{\cdot}47} = \frac{199,868}{11,486,666} = \frac{\text{Mean No. of annual deaths during ten years.}}{\text{Population in 1821, increased 1-50th.}}$$

No. 2. obtained from the Maps in the Parish Register Vol. of 1831,

$$\frac{1}{57} = \text{(more correctly) } \frac{1}{57.02} = \frac{197,483}{11,261,437} = \frac{\text{Mean No. of regis. deaths in five years 1816 20}}{\text{Population returned in 1821.}}.$$

No. 3. obtained from a Table, at page xxxii. of the Preface to Population Volume of 1831, which Table has been reprinted, without notice of error, in the Edinburgh Review, No. cxxiii., April, 1835,

$$\frac{1}{55} = \text{(more correctly) } \frac{1}{54.60} = \frac{206,253}{11,261,437} = \frac{\text{Mean No. of regis. and unregis. deaths in 5 year}}{\text{Population returned in 1821.}}$$

No. 4. obtained from Table, at page 414, of Parish Register Volume of 1831,

$$\frac{1}{54} = \text{(more correctly) } \frac{1}{53.91} = \frac{207,404}{11,180,340} = \frac{\text{Registered and unregistered deaths of 1820.}}{\text{Population at end of 1820.}}$$

There is a second statistical officer employed by Government, whose powers of mischief greatly exceed those of Mr. Rickman. To this officer is attached the title of Actuary of the National Debt Office: he is really the Government Actuary, and the Government has sacrificed some hundreds of thousands of pounds, by acting upon his recommendation in the sale of annuities upon old lives. Mr. Finlaison's pretensions are of a higher order than those of Mr. Rickman; but there is a much less difference between the acts and pretensions of Mr. Rickman, than between the acts and pretensions of Mr. Finlaison. The facts, and even the results, (deduced upon false principles,) published in the name of Mr. Rickman, display a high degree of arithmetical talent. In all the county and general summaries of the living and dying in England, there does not exist one printer's error, and no more than three small arithmetical errors. The official documents published by Mr. Rickman have all a clear, well-defined meaning, which it is impossible to misunderstand. The poison of his false results is rendered completely harmless to every good statistician, by the antidote in his clearly expressed facts. But in the publications of Mr. Finlaison, the results are given without the facts from which it is pretended they are derived. In the few instances where he has attempted to give his facts, no definite idea is conveyed to his readers. Mr. Rickman has given proof of his ability to calculate correctly upon false principles; Mr. Finlaison has never supplied evidence of being able to calculate correctly upon any principle. In every statistical observation, the writer ought invariably to give a clearly-detailed statement of his facts, and of the precise connexion between them and the alleged results. If any writer neglects this duty, it may safely be presumed that the observation is of no value, and that he feared the public exposure of want of power or want of care in his calculations.

In every statistical observation, the first step is, the classification of the living and the dying in continuous, yearly, quinquennial, or decennial divisions of age. In all statistical works, those who die above the age of 40, and under the age of 50 complete years, are classed as between the ages of 40 and 50,—the succeeding interval will be "between 50 and 60," and so on. Mr. Finlaison has no knowledge of this technical and even popular signification of the term "between 40 and 50;" and he has adopted a new method of describing decennial classes of age. Dr. Southwood Smith furnished him with a report of deaths, and cases of sickness at each age, occurring at the London Fever Hospital. Mr. Finlaison gave his results, but adhered to his general practice of withholding the facts on which his results were founded. The results were given in the following form: the proportions dying between the ages of 15 and 26, between 25 and 36, between 35 and 46, and so on. That he intended these divisions to be considered as continuous decennial periods, is highly probable; but what idea he attached to his terms it is difficult to conjecture; he probably had no precise idea himself. Whether "between 15 and 26" was intended to signify between 15 and 25, or between 16 and 26 complete years, the public have no means of determining.

Again, Mr. Finlaison, in his pretended exposition of the facts on which his tables for government annuitants are founded, displays similar ignorance of universally acknowledged principles. By all writers on mortality the term "age 32" is always used to signify a mathematical point of time—the lapse of exactly 32 years from birth. The necessity of such exactness will be evident on consideration that a difference of one year in age (when the age exceeds 55) involves a difference, in all tables, of 8 per cent. in the mortality. Mr. Finlaison, however, uses the term "age 32" in quite a different signification: it is evident that he uses it to designate either those admitted between the ages of 31 and 32 complete years, or those admitted between the ages of 32 and 33 complete years. The latter and vulgar acceptation of the term is, probably, the idea which he entertained, but which he has failed to explain. All his tables are, therefore, to be read with this correction—instead of age 32, read 32½ mean age. A similar error, though in an opposite direction, has been committed in the valuable materials published two years ago by the "Equitable" Life Office. The error here, however, has been qualified by the explanation (in a note!) of the real meaning of the observer. The actuary of this society has explained, that "age 33" is intended to signify a mean age of 32½, or between the ages of 32 and 33 complete years. It follows, therefore, that "age 32" in Mr. Finlaison's tables has the same signification as "age 33" in the tables of the Equitable.* The use of a technical term, in a foreign signification, without explanation, is inexcusable in the case of Mr. Finlaison. In the case, also, of the Actuary of the "Equitable," there can be offered no solid defence; the new signification of the technical term was evidently adopted in order to avoid the use of a series of fractional ages, such as 30½, 31½, 32½, &c. But, with very little additional labour, the necessity of using these fractional ages might have been obviated: nothing more would have been necessary than to class under the mean age of 31 complete years all the members whose ages exceeded 30½, and did not exceed 31½ years. The knowledge of the precise signification of the technical term "age" is of great importance to every medical man who wishes to record accurately any observations in medical statistics.

The national loss of at least £300,000, occasioned by the ignorance of Mr. Finlaison, has arisen, not so much from his want of perception of the facts themselves, as from his attempts at reasoning upon these facts. If a person has no clear perception of the facts presented to him, it would be absurd to expect that he should have any knowledge of the principles of combining these facts in order to obtain any useful results. The source of the national loss has been the ignorance in Mr. Finlaison of a fact or principle which has always regulated the operations of every Life Office. This principle is the expectation, approaching to certainty, that the mortality of newly selected lives at any age will be considerably less than the mortality, at the same age, of the mass of population from which these individuals have been taken. It has also long been known, that the superior vitality of any class thus selected will experience a gradual diminution, until at a certain advanced stage it becomes equal to that of the mass of survivors of the class from which they were originally selected. To suppose, therefore, that newly selected lives, at 70, for example, should experience the same mortality as the survivors of those selected at the age of 40, is equivalent to supposing that "selection" does not diminish the mortality; in other words, that a new life who is known to be in good health at this age, is not more valuable than a life of the same age, who is only known to have been in good health 30 years previously. Nevertheless, this is the precise error into which Mr. Finlaison has fallen, and which has occasioned so great a national loss. The sums required, according to his tables, for the purchase of a given annuity, are as much too high for young lives, as they are too low for old lives. The public, acting upon the unanimous opinion of the Actuaries of London Life Offices, have very naturally restricted their speculations to old lives.

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* In buying an *annuity*, a person between the ages of 32 and 33 is always assumed to be aged exactly 32 years. At every *Insurance* office, the same person would be assumed to be exactly 33 years of age.

The materials in the Government Annuity Office are probably far superior to any others in existence, for determining the mortality of the class of population in easy circumstances, and for estimating the effect of "selection" at each age. Large sums of money have been expended by the nation in order to extract the information contained. Mr. Finlaison has made it a matter of boast that he has been employed *nine years* on the subject, with the aid of six clerks. The result of this nine years' labour is, not a particle of scientific information, and a national loss of £300,000. The results, even if they had been definite and correct, would not have been worth the paper on which they have been printed; the whole process has been vitiated by the assumption that the value of "selection" amounts to nothing: the newly selected and the anciently selected lives are merged into one general mass. Instead of *nine years* expended without eliciting a single useful fact, *nine weeks* would have sufficed to collect and publish in proper detail all the materials contained in the Annuity Office. The six clerks acting under the superintendence of one efficient Actuary for this time would easily have been able to present all the facts detailed in the same complete manner as has recently been done in the case of the members of the "Equitable" Society. In this latter observation, the members admitted at every year of age are distinguished, and the mortality of each class is distinctly and separately stated. The mortality in these different classes, at the same age, differs in a high degree; the mortality at given ages always increasing with the time elapsed since admission.

The amount of the national loss sustained in consequence of the adoption of Mr. Finlaison's tables might be easily determined by the publication, in 1837, of a return similar in form to that ordered by the House of Commons in 1833. Some idea may be formed of the magnitude of the sums speculated with, from a Parliamentary return of 1834. Between the 22nd of May, 1829, and the 5th of April, 1834, the annuities granted on lives exceeding 65 years of age amounted to £362,866! Taking a mean age of 80 years which will give 4¼ years' purchase, the sums paid, or the capital invested, will amount to *one million and a half sterling!* which is probably very near the truth. Mr. Rickman, in the *Medical Gazette*, July 25, 1835, states the capital sum to have exceeded one million sterling before the Government interfered in September, 1834, and prevented any future loss by refusing to sell. In the same paper, in defence of his friend, he injudiciously recommends a Parliamentary inquiry, not with a view to expose the incapacity of Mr. Finlaison, but with the view of punishing those unprincipled money-dealers who dared to brave the "moral turpitude" of making a profit out of the folly of the Government. According to Mr. Rickman's new theory of morals, no merchant can honestly purchase a commodity at the price offered by another, without previously inquiring whether the seller has any knowledge of the commodity in which he deals. According to Mr. Rickman, a person who receives a high salary for undertaking a duty which he is incapable of discharging, is to be suffered to waste his employer's property with impunity. It has been alleged that Mr. Finlaison recommended the application of his tables to be limited to purchasers on their own lives. The erroneous principle in this case would have been precisely the same; the field of operation only would have been more limited. The public in general are greatly indebted to the money-dealers of London for applying a high magnifying power to the defect which might otherwise have escaped observation. Thanks to the money-dealers, there is now some prospect of a public investigation of the conduct of Government, in impeding the progress of science, by the appointment, as statistical officers, of persons who do not possess a particle of the knowledge to which they pretend.

The true amount of the pecuniary loss sustained by the nation may be easily estimated on investigation by Actuaries. It is not probable that *more than a million* of money would have been invested in a speculation demanding much care in the selection of the proper lives, with the expectation of realizing a less profit than £300,000, which is less than one year's payment. In the English navy there exists an excellent regulation, that the loss of the smallest vessel should always be followed by a court-martial on the conduct of the officer in charge. Here we have the loss of a sum of money sufficient to build and equip *four line of battle ships*; and no inquiry has yet been made into the cause of this immense sacrifice of the national property. The sum in question would just suffice to pay one year's salary to the host of Poor Law and other commissioners created by the present Government.

### *On the Mortality of the Officers in the English Army, and on the Deaths in different Months in the West Indies, etc.*

| 1. FULL PAY. | AT HOME AND ABROAD. | | | | |
|---|---|---|---|---|---|
| British Infantry of the line. | Number of Officers among whom the mortality occurred. | Period over which the Calculation extended. | Total Deaths in Nine Years. | Proportion died in One Year. | Annual Mortality per cent. |
| RANKS. | | | | | |
| Lieut. Colonels, | 123 | 1826–1835 | 31 | 3.444 | 2.8 |
| Majors, | 206 | Ditto | 34 | 3.777 | 2.833 |
| Captains, | 1040 | Ditto | 187 | 20.777 | 2. |
| Lieutenants, | 1494 | Ditto | 316 | 35.111 | 2.35 |
| Ensigns, | 889 | Ditto | 90 | 10. | 1.125 |
| Total, | 3752 | | 658 | 73.111 | 1.949 |

In the last Almanack we published some details respecting the mortality of the soldiers in the British army: in p. 182, and subjoined we give the following interesting calculations of the mortality among the officers, originally published in the *United Service Journal* for June, 1835, by Lieutenant Tulloch, 45th regiment, who is at present officially employed on the Statistics of the Army.

The average is nearly *two* per cent. annually throughout the whole Infantry serving at home and abroad.

The deaths among the lieutenants being greater than among the captains arises from the larger proportion of the former rank serving in the East Indies, where regiments have a double complement of Lieutenants. The reason of the mortality among the Majors being less than among the Captains is somewhat similar; as there is only one Major abroad with the service companies out of two, while there are six Captains out of ten. Many of the Majors are also young men, having attained that rank rapidly by purchase.

The mortality among that portion of our officers who never serve abroad, viz., the Household Troops, Heavy Cavalry, and a large proportion of the Light Dragoons, is very low. Out of an annual strength of 711, there have only died 53 in nine years, or 5.9 per annum; being in the ratio of little more than 0.8 per cent.

The mortality among the Artillery and Engineer officers who do not serve in the East Indies, and have not so large a portion of foreign service and bad stations as the Infantry, has been as follows:—

### ARTILLERY.

Average strength, 430—Died in nine years, 55—annually, $6\frac{1}{9}$—Ratio per cent. $1\frac{4}{10}$

### ENGINEERS.

Average strength, 221—Died in nine years, 24—annually, $2\frac{6}{9}$—Ratio per cent, $1\frac{2}{10}$

The ratio of mortality among officers on the Half-pay List, according to their ranks, taken for the same period of nine years, has been—

| | Total Number unemployed. | Total Deaths in Nine Years. | Deaths Annually. | Rates per cent Annually. |
|---|---|---|---|---|
| Majors | 465 | 89 | 9.88 | $2\frac{1}{8}$ |
| Lieut. Colonels, | 535 | 118 | 13.11 | $2\frac{1}{2}$ |
| Colonels, | 266 | 44 | 4.88 | *$1\frac{5}{6}$ |
| Major Generals, | 224 | 58 | 6.44 | $2\frac{9}{10}$ |
| Lieut. Generals, | 215 | 89 | 9.88 | $4\frac{6}{10}$ |
| Generals, | 96 | 55 | 6.11 | $6\frac{1}{3}$ |

* The mortality among the Colonels has been lower than among the junior grades, as there are many of them comparatively young men, having got on rapidly in the first ranks of their profession during the war: many of them too, were mere boys when they entered—a practice lately put a stop to.

The influence of the climate of our different Colonies on the mortality of the officers serving there, has been thus deduced by the same writer.

| STATION. | DESCRIPTION OF FORCE. | Ratio per Cent. of Deaths annually among the Officers at each Station. |
|---|---|---|
| Bengal .......... | Infantry . . . . . | 4.7 |
| | Cavalry . - . . . . | 2.1 |
| Madras.......... | Infantry . . . . . | 5.3 |
| | Cavalry . . . . . . | 3.4 |
| Bombay ......... | Infantry . . . . . | 3. |
| | Cavalry . . . . . . | 1.8 |
| Ceylon .......... | Infantry of the Line . . . | 1.4 |
| | Colonial Regiments . . . . | 3.7 |
| | Average of all Officers . . . | 2 6 |
| Mauritius ....... | Infantry . . . . . . | 1.0 |
| Windward& Leeward Islands, | Infantry of Line . . . . | 2.2 |
| | Colonial Corps . . . . . | 7.1 |
| | Average of all Officers . . . | 3.8 |
| Jamaica......... | Infantry . . . . . | 3.9 |
| New South Wales . | Infantry . . . . . . | 1.2 |
| Cape of Good Hope | Infantry . . . . . | 1.5 |
| N.Amer.&Bermuda | Infantry . . . . . . | .8 |
| Gibraltar ........ | Infantry . . . . . | 1.2 |
| Malta ............ | Infantry . . . . . . | .9 |
| Ionian Islands .... | Infantry . . . . . | 1.2 |
| Sierra Leone..... | Colonial Corps . . . . | 13 |
| G. Brit. & Ireland | . . . . . . . | 1.1 |

The mortality among officers in the West Indies was uncommonly low during the above period; but there has been comparatively little sickness in those islands of late years, and the officers of the European corps have now considerable facilities in returning home to do duty with the Depôts of their Corps when in bad health. The officers of the Colonial Corps having no Depôt Companies in this country, and being generally at the worst stations, are liable to a much higher degree of mortality than those of other corps, as will be perceived from the above Table.

The following Tables, also by Lieutenant Tulloch, are interesting, as showing the influence of the Seasons on the Mortality in the West Indies and New York.

### WEST INDIES,

Out of 24,916 Deaths occurring among the Troops serving in the Windward and Leeward Islands, the Numbers and Centesimal Ratio in each Month were as follows:—

| Months. | Number of Deaths. | Centesimal Ratio of Deaths. |
|---|---|---|
| January..... | 1614 | 6.5 |
| February.... | 1197 | 4.8 |
| March...... | 1036 | 4.2 |
| April....... | 1429 | 5.7 |
| May........ | 1459 | 5.9 |
| June........ | 1724 | 6.9 |
| July........ | 2253 | 8.7 |
| August...... | 2991 | 11.9 |
| September... | 2826 | 11.4 |
| October..... | 3279 | 13.3 |
| November... | 2712 | 10.9 |
| December... | 2402 | 9.7 |
| Total..... | 24,916 | 100. |

### NEW YORK.

Out of 24,852 Deaths occurring among the Population of New York, the Numbers and Centesimal Ratio in each Month were as follows:—

| Months. | Number of Deaths. | Centesimal Ratio of Deaths. |
|---|---|---|
| January..... | 1868 | 7.5 |
| February.... | 1874 | 7.6 |
| March...... | 1846 | 7.4 |
| April....... | 1816 | 7.3 |
| May........ | 1784 | 7.2 |
| June........ | 1616 | 6.5 |
| July........ | 2372 | 9.5 |
| August...... | 2692 | 10.8 |
| September... | 2720 | 11.0 |
| October..... | 2402 | 9.7 |
| November... | 1973 | 7.95 |
| December... | 1889 | 7.55 |
| Total..... | 24,852 | 100. |

The numbers may be readily corrected for the different number of days in each month.

A similar series of tables extended over all our foreign stations would prove exceedingly useful, as, by comparing the mortality with the meteorological phenomena in each month, and at each station, we might be able to appreciate how far the former is influenced by the latter. We know that in Jamaica, and on the west coast of Africa, the healthy and unhealthy months correspond almost exactly with those above stated; and at Gibraltar the yellow fever never makes its appearance except from July to October, the very period at which it swells the mortality so much in the western hemisphere, and on the African coast. It is also worthy of remark, that, prior to the middle of the last century, July, August, September, and October were always the most fatal months in London; and that the plagues which devastated our land in early days either appeared, or were at their greatest height, during the autumnal months. The more modern pestilence of cholera exhibited the same peculiarity, as will appear from a table published in last year's Almanack, exhibiting a detail of its monthly ravages. Page 124.

The subject is one well worthy of a place in Medical Science, and we hope to be able to refer to it with more extensive data in our next Almanack.

*Principal Diseases treated in the General Military Hospital, Invalid Depot, Fort Pitt, Chatham, during ten Years, from January 1, 1826, to Dec. 1835, and Number of Deaths.*

| YEARS. | ADMISSIONS. | | | | | | | | TOTAL ADMISSIONS | DEATHS. | | | | | | | TOTAL DEATHS. | Average Monthly Number of Patients Treated. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Fevers. | Pulmonic Disease. | Hepatic Disease. | Diarrhœa and Dysentery. | Exanthe-mata. | Spasmodic Cholera.. | Morbi Oculorum. | Other Diseases. | | Fevers. | Pulmonic Disease. | Hepatic Disease. | Diarrhœa & Dysentery. | Exanthe-mata. | Spasmodic Cholera. | Other Diseases. | | |
| Remained on Jan. 1, 1826... | 11 | 39 | 15 | 7 | 16 | | 56 | 264 | 408 | | | | | | | | | |
| 1826... | 512 | 605 | 153 | 259 | 90 | | 383 | 3742 | 5744 | 29 | 50 | 5 | 17 | 33 | | 31 | 165 | 498 |
| 1827... | 371 | 452 | 135 | 170 | 16 | | 327 | 2281 | 3752 | 15 | 38 | 3 | 18 | 7 | | 35 | 116 | 312 |
| 1828... | 240 | 383 | 127 | 143 | 85 | | 314 | 1581 | 2873 | 7 | 47 | 1 | 9 | 1 | | 31 | 96 | 239 |
| 1829... | 54 | 201 | 116 | 35 | 7 | | 144 | 648 | 1205 | 2 | 41 | 3 | 3 | 1 | | 30 | 80 | 187 |
| 1830... | 31 | 184 | 111 | 22 | 1 | | 61 | 524 | 934 | 3 | 28 | | 1 | 1 | | 32 | 65 | 181 |
| 1831... | 20 | 170 | 85 | 47 | 1 | | 75 | 813 | 1211 | 1 | 30 | 2 | 6 | | | 36 | 75 | 201 |
| 1832... | 14 | 224 | 70 | 38 | 11 | 8 | 56 | 555 | 976 | | 31 | 2 | 6 | 1 | 3 | 31 | 74 | 187 |
| 1833... | 16 | 328 | 53 | 46 | 1 | | 38 | 531 | 1013 | 1 | 48 | 2 | 8 | | | 26 | 85 | 194 |
| 1834... | 19 | 299 | 69 | 47 | 2 | | 40 | 680 | 1156 | 1 | 45 | | 9 | | | 24 | 79 | 197 |
| 1835... | 41 | 387 | 78 | 50 | 6 | | 88 | 798 | 1448 | 1 | 32 | 1 | 10 | | | 20 | 64 | 220 |
| Total ............ | 1329 | 3272 | 1012 | 864 | 236 | 8 | 1582 | 12,417 | 20,720 | 60 | 390 | 19 | 87 | 44 | 3 | 296 | 899 | Aver. 241.6 |
| Remaining on Dec. 31, 1835... | 1 | 24 | 7 | 2 | | | | 140 | 189 | | | | | | | | | |

Fort Pitt, Chatham, 4th Oct. 1836.—MEM. The three years, 1826, 1827, and 1828, included the Sick of Chatham Garrison; the remaining seven years include the Sick of the Invalid Depot.

It is to be observed, that but few cases of recent disease are received into this Hospital; it is the receptacle of long-continued diseases from the East and West Indies, the western coast of Africa, and from all our foreign possessions.

# DESCRIPTION OF A NEW HYGROMETER,

BY JOHN ABRAHAM MASON, M.D.

*With a Plate.*

It has long been a subject of complaint among all practical meteorologists that we have no Hygrometer which combines the advantages of being simple in its construction, easy of application, and unerring in its results.—Persons unaccustomed to scientific pursuits are unwilling to devote their time and attention to complex instruments, and it has occurred to me that good service might be rendered to Meteorology by devising some method of ascertaining the Hygrometrical condition of the atmosphere, which will combine simplicity with accuracy.

I am fully persuaded that moisture has a much greater share in developing the effects of climate upon the human constitution than most physicians imagine; and I believe that the following reasons have hitherto tended to impede its investigation with that precision which it merits.

1st. The uncertainty and deterioration of all Hygrometers made of Hygroscopic substances, and their only indicating relative differences.

2nd. That all the Dew-point Hygrometers occupy more time than most people are able to bestow upon them; and that some tact is required in their application.

3d. That either of sufficient strength cannot be obtained in every climate, and other chemical means of producing cold cannot be always at hand.

4th. That Sir J. Leslie's Hygrometer by evaporation is considered by many to offer erroneous results, being influenced by radiation, currents of air, &c.; and that much calculation is required before the absolute quantity of humidity can be ascertained.

5th. That the degrees of humidity indicated by the different kinds of Hygrometers cannot be easily reduced to a common standard, so as to be compared with each other.

Now the instrument which I propose is at once free from all these objections, and is so simple and easily constructed, that, by mere inspection, the results can be ascertained with as little difficulty as attends the common thermometer.

The form of the instrument is portable; it may be readily used in every climate, and under all circumstances; and its graduation depends upon no arbitrary or disputed determinations of wet and dry; it is liable to no deterioration from use, age, or accidental circumstances; it acts with an unerring fluid; and, above all things, if the thermometer be carefully selected, so as to indicate the same degree under similar circumstances, it is impossible, with moderate care, to obtain erroneous results; so that the comparative variations of humidity, from the point of saturation, being exhibited in degrees of the thermometric scale, are at once referred to a known standard of comparison which every person can understand and appreciate.

The only trouble which attends the use of this instrument is the renewal of the silk on the moistened bulb once a month; and the addition of a fresh supply of well-boiled or distilled water from time to time, as it may be necessary.

### *Description of the Instrument.*

Upon the outer margin of a stand M is fixed an upright rod of brass *f* supporting by a semi-circular clyp the scale JJ, (the clyp is seen in shadow at *o*, and is $\frac{3}{4}$ of an inch in diameter, thus removing the scale JJ $\frac{3}{4}$ of an inch from the brass support *f*.) In the middle of the scale JJ a space is left to receive a glass tube A on the principle of the bird fountain, having on each side of it two thermometers *b b* of equal range from 0° to 120° Fahrenheit, firmly attached to the scale already described. The bulbs *d d* of both thermometers are of equal size, and covered with white persian silk; round the stem of one, a thread of floss silk *e* is attached, which terminates in the cup of the fountain *c*.

This fountain is easily removed and refixed at pleasure, by turning the screw *h*, which allows the support *g* to move with ease in the groove *i*, bringing the support *g* to the contracted part of the fountain.

The upper part of the fountain is kept in its place by a double clyp *k k*. The fountain is hermetically sealed at *p*; the size of the orifice in the cup *c*, which is oval, is 2-8ths of an inch in length by $\frac{1}{8}$ in breadth.

When not in use, a box or brass case covers the whole instrument, and screws on the stand M at *n n*. The scale is made of ivory, and ought to be as slight as possible.*

The principle which Dr. Hutton proposed I considered the best:—

1st. As by it the temperature of the shade could be ascertained at the same time along with its hygrometric condition.

2nd. Because it would indicate the relative dryness of the atmosphere; and,

3dly. That the Dew-point could be easily ascertained from the data afforded by the instrument; whence the absolute quantity of aqueous vapour could also be estimated.

I was led to the construction of my instrument by the following observations in the Encyclopædia Britannica, which I accidentally saw in the winter of 1834, during my detention at Portsmouth by the S. W. gales, when on my way to Madeira: "A more scientific instrument has been constructed on the following principle, viz.—that as evaporation produces cold, the effect of that process on a thermometer will indicate the rate and amount of evaporation, and consequently the relative moisture of the air. The more dry the air is, the greater will be the evaporation; and the greater also the cold, or the depression of the mercury in the thermometer."—"The general doctrine is, that the dryness of the air, under all circumstances, is precisely indicated by the depression of temperature produced on a humid surface which has been freely exposed to its action."

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* The instrument is made in the above form by Mr. Squire, Operative Chymist, 277, Oxford-street, London, to pack in a neat travelling case, containing spare fountain, silk, &c., with appropriate tables for the use of the Instrument; also by Mr. M'Dowall, Philosophical Instrument-maker, 13, Infirmary-street, Edinburgh.

Not possessing either Professor Daniell's or Sir J. Leslie's Hygrometers, I was led by these remarks to the construction of the instrument now proposed, being desirous of making a minute series of observations during my residence in Madeira, for the purpose of determining the true character of its climate; the ample details of which will be given in a volume on the Medical Topography, climate, physical structure, and past and present condition of that island, now preparing for the press by my friend Mr. Blewitt and myself.

John A. Mason.

## STATISTICS OF THE BRITISH HOSPITALS.

Besides 182,847 seen at the dispensaries and as out-patients, more than 24,000 patients are treated, and 2100 die within the walls of the London hospitals. According to the last printed reports, 30,000 are admitted, and 1780 die in the country hospitals; in the Scotch infirmaries about 6900 are treated, and 670 die; in Ireland, it appears from official returns and Mr. Phelan's work, that 8126 are treated in the county infirmaries, 6855 in the hospitals of Dublin, and nearly 15,000 fever patients in the establishments destined for their reception. The cases of disease placed every year, in the public institutions of the country, under the observation of the medical officers, amount, therefore, to at least 90,000; 6300 of which terminate fatally, and may be submitted to necroscopical investigation. At a moderate estimation, the dispensary and out-patients are four times as numerous. The sums expended in supporting the medical charities of the country are enormous: the value of the labour devoted in them to the treatment of the classes unable or able to pay for medical advice, can scarcely be calculated.

Gratuitous relief of the sick is one of the least exceptionable modes of public charity; it lessens positive pain, diminishes the number constantly sick, and arrests diseases which would finally throw the effective labourer a dead weight on the community. It is without the direct disadvantage of almsgiving, in fostering the misery it was designed to remove: if one idler be maintained by mendicancy or parish relief, he will have imitators; but if a man break his leg, and be treated in an hospital, it does not follow that another will more incautiously expose himself to danger. A profusion of medical charity, however, has no tendency to cherish the prudent forethought and the independence which give intelligence and soul to a people; and it is not certain that the economy of a dispensary does not send some mechanics to the gin-shop. To go to an hospital is unquestionably repugnant to the better order of work-people in this country, and in Switzerland; but, with the rate of wages among the lowest class of every nation in Europe, what material is there for prudence to husband—what resource against the accidents of adverse fortune? The grave receives its dead; but what provision can the poor family make for inevitable sickness and slow decay? Who will nurse the young labourer, the servant, or mechanic entering on the world, in a wide city, without a home? To this class of persons hospitals render the best services of humanity.

The advantages hospitals offer are manifold; they afford skilful advice and medical appliances, nursing and diet, more economically than these could be supplied, if the sick were scattered over a wide district; they place the patient under constant medical observance, and give the physician or surgeon a complete control over his diet and actions. But to weigh against these advantages are the evils of often bringing country people into cities—which, in their present ill-constructed state, so much increase the mortality—and of bringing great numbers into the same building. The consideration that every individual expires a gallon of air every minute, charged with carbonic acid, saturated with vapour, and impregnated with animal effluvia—that he requires an equal quantity of pure air in the same time—and that he cannot forego this supply of air so many minutes as he can forego food for days, will convince any one that, notwithstanding the diffusive power of gases, it is a very serious thing to collect together twenty, or fifty, or five hundred persons in the same room or building, whether it be a manufactory, a workhouse, or the House of Commons. But when great numbers of persons, who cannot rise from their beds, remain permanently within the walls of a building—are labouring under every form of disease, and mutually inhaling the atmosphere they create, the case assumes features still more serious; ventilation becomes more indispensable and more difficult; hospital gangrene, erysipelas, the unhealthy character assumed by sores, the difficulty of obtaining union by adhesive inflammation, and purulent deposits after operations, only betray that which insidiously increases the fatality of all other maladies.* If the wards were thinned, and a good system of ventilation were adopted, (and this has not yet engaged serious attention,) patients in hospitals would never have a chance of recovery equal to that enjoyed by persons gaining a little more than was necessary for actual sustenance, scattered abroad among their healthy friends in separate houses. But there is a degree of destitution and helplessness in which resort even to a crowded hospital greatly augments the probability of life; this would be the case in Ireland, and with many of the poor in England; and for persons in this state hospitals were destined by their benevolent founders.

Hospitals are adapted to an intermediate state of civilization. Much as they were needed by the Saxon serfs and the labouring population of England, hospitals for the treatment of the sick did not, and could not, exist till the reign of Henry VIII. in the metropolis, nor be erected in country towns before the eighteenth century; and it will be found that they were successively opened, not in the midst of the poorest districts, where the sick poor were most in want of relief, but in the richest cities and counties, from London to the recent manufacturing town and Monmouthshire. In every part of the world, nations uncivilized are without asylums for the sick: as the condition of the mass improves, hospitals are founded in the cities, and become common throughout the country. In a higher and more perfect state of society no hospitals would exist, because the prudence of each individual, or the social organization, would enable every man to prevent or provide against the contingencies of sickness, and to breathe his last, as well as to live, in scriptural language, under his own vine and fig-tree. The number in this class is increasing daily; but when it includes the great bulk of the people, some persons will probably expect the millennium.

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*Speaking of the Hotel Dieu before the Revolution, Cuvier says, "L'air etait si corrompu qu'aucune operation grave ne reussissait, et que la gangrene s'emparait aussitot des plaies."—Eloge de Tenon. Twenty-five per cent. of the patients who entered the Hotel Dieu perished and half the remainder exchanged a trivial complaint for a mortal languor.

The facilities which hospitals afford for pathological or therapeutical researches, and for medical instruction are unequivocal; the support and dignity they give to the medical profession scattered over the country, partake somewhat of the character given to a religion by the splendour and solidity of its temples. But if a system could be organized for collecting the experience of all the hospitals in the country, of comparing the facts discovered by different observers, and generalizing the phenomena, which now appear unimportant because they are unconnected, the most intelligent members of the profession appear persuaded that these public institutions would render still higher service to the cause of science and of humanity. To accomplish this, some propose that government should interfere. Government by making the returns compulsory, would render them general, and give them an official authority. And this would be a good measure, if the minister of the day did not find it convenient to make the return a job, or to neglect it entirely. It is well known that returns of the attacks of sickness, and the deaths in prisons, have been made to the Home Secretary for many years; that the facts reported remained year after year replete with error; and that the form of the return was ingeniously contrived to furnish the fewest possible results. Neither the average population of the prisons, the mean time of detention, nor the ages of the prisoners, were given!

Another plan is pointed out in the following extract from an eminent physician in Bath, of extensive experience in these establishments:—"Exact statistical information," he says, "respecting hospitals, it is difficult to furnish, chiefly from the general neglect of all medical reporting; and this arises *less from indolence or want of zeal*, than from no general mode being devised *and recommended, which all may adopt*. Measures of this *kind should emanate from our great superintending bodies, the College of Physicians and Surgeons;* but urgent as this want has been, there has as yet been no attempt to supply it. As hospitals are circumstanced at present, no two would agree on the best mode of reporting; nor would the medical officers of even one charity concur in adopting any mode, unless it were proposed by some central or presiding authority." To expect the present superintending bodies to take a step so energetic, purely to promote medical science, would be expecting too great a departure from their antecedent habits: but the proposal deserves their consideration; the language is that of a sensible friend; the sentiments are held by many distinguished men attached to the hospitals.

Another plan for collecting the experience of hospitals was thrown out a century ago by Dr. Clifton,[*] a ripe scholar, imbued with the spirit of the pure Greek school, and as well versed in medical science as in the means by which its progress had been retarded or advanced. After dwelling on the necessity of numerous observations, he proceeds: "In order, therefore, to procure this valuable collection, I humbly propose, first of all, that three or four persons should be employed in the hospitals (and that without anyways interfering with the gentlemen now concerned) to set down the cases of the patients there from day to day, *candidly* and *judiciously*, without any regard to private opinions or public systems, and at the year's end publish these facts just as they are, leaving every one to make the best use he can for himself. Would not some such method as this let us more into the nature of diseases in a few years than all the books of theories, or even the books of observations, hitherto published? Certainly it would: and yet if proper encouragement were given, it is not at all unlikely, but that persons enow would soon be found, every way qualified for such an undertaking. And even if good salaries were allowed them, and every thing made as easy and agreeable to them as they could desire, the benefit the public would receive from them would vastly more than balance the expense."

This meets the difficulty advanced by the gentleman before cited, which applies in a great many cases. "The truth is," he remarks, "that hospital duties, as discharged here, are laborious in the extreme, involving a great sacrifice of time, and that generally the physicians and surgeons could not undertake more than they at present perform."

Where the medical officers are fully occupied, and have the appointment of the reporters, it is probable little objection would be entertained to the arrangement proposed by Clifton; and if all the hospitals combined, and published an annual "Book of the hospitals," or successive reports in the Medical Journals, the system would be complete. There is no reason why commentaries should not be made on their own cases by the medical men: the practice, on the contrary, of discussing and explaining particular facts would be highly useful.

It has for some time been customary in the Scotch hospitals, and it is now usual in London, for the clinical clerks to take down important cases as they occur, and afterwards submit them to the Professor for revision: the books then lie open in the hospital. This method, though less likely to produce accurate results than that proposed by Clifton, answers perfectly well in large schools, where the clinical clerks are judiciously selected: no plan would be perfect, in which the book or duplicates did not lie open, where the progress of the report could be traced. The value of scientific facts depends on their being comparable: and if the cases are not taken on some uniform plan, they are of little more use than meteorological observations made with instruments gra-

The State of Physic, &c., by Francis Clifton, M.D., physician to the Prince of Wales. 1732. Clifton translated Hippocrates περι αερων, υδατων, τοπων into English, and Coray bears strong testimony to the merits of the translation, and to the critical value of the notes. At the time his work appeared, no provincial hospitals existed.

duated to no standard, or arranged in no regular order. No results can be deduced from them, or the labour of deduction is immense. Clifton was aware of this, and proposed the following tabular form, illustrated in his book by cases:—

TABULA MEDICA GENERALIS.

| Sexus, Ætas, Species, Temperies, Occupatio, et Victus Ægri. | Dies Morbi. | Morbi Phenomena. | Dies Mensis. | Remedia. | Effectus. |
|---|---|---|---|---|---|

This form of table is well calculated to furnish results: the classical *dies morbi* has been retained, and the *morbi phenomena* supply the place of a systematic name. Leaving this more comprehensive registration in the hands of the parties alone capable of carrying it into execution, we proceed, first, to inquire what results can be deduced from the registry at present kept in the hospitals; and whether, by an improved method, the reports may not supply data for solving some of the most important problems in medicine. The interesting statistical information so readily obtained by the British Medical Almanack bears witness to the zeal pervading every part of the kingdom. It is sufficient for any one to show that a statistical method will yield useful results, to ensure its ultimate adoption; but if a form of registration contain items of doubtful utility, or cause unnecessary trouble and labour, it will render the whole repulsive; the system will be given up, or accuracy and regularity will not be preserved. Clear notions of the results hospitals appear at present likely to furnish, and of the simplest method of deducing these results, will point out what form the general Statistical Registry should assume.

The first step in medical statistics, after having determined the mortality, is to ascertain the number of attacks of sickness, at different ages, to which a population is liable, and the numbers constantly ill. Hospitals throw no direct light on these questions, or on the absolute mortality and duration of cases. But hospital statistics may show the mortality and expected duration of different diseases at several stages of their progress, and the extent to which their mortality and duration are diminished by remedial means. To make the series of observations perfect, the cases should be traced from their origin to the termination; but patients only enter the hospital at a certain period of their complaint, on the 10th, the 20th, or the 30th day, &c.; and before this time, out of 1000 attacked, 500 perhaps have either recovered or died: you then can only have to deal at the hospitals with the remaining 500, whose history you may retrace, and then follow for a mean term of thirty, forty, or sixty days; when a certain number still remain ill, but the majority are discharged cured, relieved, or dead. Because hospital cases only come under notice after a certain time has elapsed, and are not all followed to the end, it has been thought they afford little instruction. We have reason to entertain a different opinion: at the same time, let it be constantly borne in mind that the mortality is merely the mortality for certain periods of disease: from the twentieth to the fifty-sixth day, for instance—it is not the entire mortality of the class of cases. To represent this, all the deaths that occur after leaving the institutions, should be added; thus augmenting the mortality, which is however lowered, on the other hand, by another powerful cause. Admit that 1000 labourers are attacked by disease; all repair to the infirmaries, who remain ill, on an average, twenty days; but before that time, 280 have recovered, and twenty died: in the institutions 700 remain under treatment till the fiftieth day, and during this period fifty die, and 450 recover; 200 leave uncured, and of these, ten die. The mortality of the cases would be 8 per cent.; the mortality of the cases, while in the institution, was fifty in 700, or 7 per cent. It may happen that the mortality in the two instances coincides by a sort of mutual compensation between the excess of previous recoveries and the subsequent deaths. Nearly the same reasoning applies to the duration of cases.

Bearing these principles in mind, let us examine rapidly the heads of the present Hospital Reports: it will scarcely be necessary in this part to recommend a good practice which is not adopted in some reports, or to notice a possible error, of which examples could not be given.

1. The annual state of the hospital should extend from January 1st to December 31st: instead of this, the *state* of some hospitals commences at Lady-day; of others, at Midsummer; of others, at Michaelmas. The disadvantage of this is, that the experience of different hospitals cannot be compared for the same year: and instead, for example, of simply writing 1835, you have to write June 24, 1834, to June 23, 1835. The reports of county hospitals are usually regulated in this respect by the races, the assizes, or some other occasion, which brings a large number of country gentlemen to the town; but there is no reason why the report should terminate precisely at the anniversary.

2. *The number treated yearly is the mean of the numbers admitted and discharged.* The total number of in-patients in the year is generally published in this manner:—

In-patients admitted from Jan. 1st, 1833, to Jan. 1st, 1834.

| | |
|---|---|
| Remaining Jan. 1st, 1833 | 46 |
| Admitted since | 342 |
| Total.... | 388 |
| Discharged cured | 200 |
| Relieved, &c. &c. &c. | 142 |
| Remaining Jan. 1st, 1834 | 46 |
| Total.... | 388 |

In some reports it seems to be implied that 388 patients have actually been treated in the year. This is an error: you have already counted the forty-six *once* in the Report of 1832; and of the 342 admitted, you will in the same way count forty-six a *second* time in the year 1834. The forty-six patients in the house at the beginning of the year have, on an average, remained half their time—for instance, twenty days;—they will probably still remain twenty days; they may therefore be regarded as half-treated, the same as half the number fully treated; add, then, 23 to 342, and you obtain 365; but 46 remain at the end of the year only half-treated; and you have already counted them for fully treated among the 342; as a correction, therefore. deduct 23 from 365, and the original number 342 remains. 342 patients have been admitted, and 342 have been discharged in the year: this is therefore, the number annually treated. The number treated may be deduced from the number admitted and remaining, or from the number discharged and remaining: and generally, when several years are taken together, and the size of the hospital remains the same, the number discharged or admitted, exclusive of the number remaining, represents the number treated with sufficient accuracy.

The apparent number treated at Hospitals is exaggerated in other ways. The in-patients are made out-patients, or out-patients are made in-patients, and counted as distinct persons every time: in one Hospital, where these are properly distinguished, 1948, the actual number of cases treated, are swollen by this means to 2403, and, by the addition of the patients remaining, to 2991. At a London Hospital, the out-patients are compelled, after the lapse of a certain time, to take out new cards, and are then entered as new patients; by this ingenious zoototomical device, each individual is multiplied, and the parts compose at the end of the year 50,000 out-patients. At some small establishments, the occasional patients who call to have a tooth extracted, or to be bled, are entered down as patients; but this is not generally done. These exaggerations bear, it will be observed, principally on the *out*-patients, and will be obviated by stating the number of *out* made *in*, or *in* made *out*-patients; distinguishing the trivial cases, such as of tooth-drawing, where the patient only applies *once;* and refraining from the system of multiplication.

3. The patients discharged are "cured, relieved, uncured, or dead." Care should be taken to define what is meant by cured (better, *recovered);* and the term should be rigorously applied, either to designate the simple cessation of the morbid process, or the restoration of the original strength. Some would say a *fever* patient was *cured* when the symptoms had subsided; others, when he could resume his occupation. At a dispensary 1561 patients were admitted, 1530 were *cured:* at an excellent hospital in the same county, only 114 in 242 out-patients are said to have been cured. What different results! yet the number really cured was perhaps the same. In addition to (1) recovered, (2) relieved, (3) still sick, and (4) dead, another head should be added—(5) discharged for *non-attendance.* All the out-patients who are absent for more than a fortnight without

special permission, should be discharged, and inadmissible for six months. At present *out* and dispensary patients are generally lost sight of; some remain on the books for years; no one knows how many are under treatment; according to the fancy of the reporter, those who cease to attend are said to be cured, uncured, or discharged for non-attendance.

4. The practice of admitting and discharging patients on only one day in the week is theoretically an absurdity: if a man is sick, why not admit him any day? if well, why keep him several days in the house? There are, however, practical reasons in favour of the common practice.

5. *The annual mean number of in-patients under treatment may be determined by counting the patients every day in the year at the same hour—for instance, twelve to one o'clock—and dividing the sum by* 365: the average number of daily dietaries, or of persons *sleeping* in the house, would furnish the same results. When patients are admitted and discharged on a particular day, the patients discharged should be counted, if the admission and discharge take place after dinner; the patients admitted, if before: both should never be reckoned. Approximations to the average number treated may be obtained, by adding together the number in the house on a fixed day of every week or month, and dividing the same by fifty-two or twelve. The average number of patients under treatment is exaggerated by counting the *beds* actual, or possible; by selecting the greatest number ever in the house; or by taking one day in the week, and counting, in addition to the patients then resident, all who *have been* in the house during the six preceding days. When the absentees are duly erased from the books, the average number of out-patients can be calculated in the same manner as the in-patients; the mean number that *attend* should also be ascertained. *None of the hospitals in the metropolis*, except the *London Hospital*, publish the average number of patients under treatment: but this essential statistical element is published by the Cambridge, Winchester, York, Gloucester, Exeter, Nottingham, Salisbury, Salop, Chester, Canterbury, Bedford, and Colchester Infirmaries. It is the mean feature of a report, and alone controls the expenditure. It is either suppressed from imperfect knowledge or inattention; to allow the extent of the institution to be exaggerated; or to prevent the inconveniences of a check on the financial operations of the persons who distribute the funds. Last year, Addenbrooke's was not inserted among the hospitals at which the average number of patients under treatment is published: this year the injustice has been repaired; it had been strange if the atmosphere of Cambridge had not produced this effect.

6. These are the principal heads in the present reports, with the exception of the revenue and expenditure. We shall only remark here, that the pedantry of book-keeping, the confusion of balances, and the purchase of stock, should not prevent the secretary from stating the *net* expenditure, and debts contracted, with the *net* revenue of the year in separate items, distinguishing the capital from the income. This is

done in several reports, where the amount of each article is also properly given, as well as the cost.

Results deducible from the present Reports :—

7. Dividing the total deaths by the number treated, (2) exhibits the mortality of the cases. Example: Canterbury Infirmary, 1826-35, in-patients treated, 4254; died, 198; and 198 divided by 4254 is .0466, or 4.66 per cent.

8. Dividing the yearly deaths by the average number under treatment gives the annual rate of mortality; dividing the result by 10 presents the rate of mortality in 36.5 days. Thus the deaths out of a given number, in a given time, can be compared at different Institutions; the mortality of the sick may be compared with that of the total population; and, moreover, 36.5 days is an approximation to the mean duration of severe cases. Example: Canterbury Infirmary, 1826-35, the average number of patients under treatment was 54.6, the annual deaths 19.8; and 19.8 divided by 54.6 gives, for the annual rate of mortality, .363, or 36.3 per cent, and a mortality, in 36.5 days, of 3.94 per cent.

9. The average number under treatment (5) multiplied by 365¼, and divided by the total number treated, (2) presents the mean term of treatment in days. Example: The Canterbury observations as above. The average number under treatment, 54.6, multiplied by 365¼, is equal to 199,426 days of treatment, which divided by 4254, the number treated, shows that the mean term of treatment was 47 days.

In the present hospital-books, the age, sex, residence, and occupation are generally entered. The remarkable results presented by the mortality of attacks at different ages have been pointed out in other parts of this Almanack. The sexes and occupations, as well as the ages, of the patients admitted, cured, and dying, should be inserted in the reports.

From the numbers *admitted* at each age,—for instance, 20—30, and 40—50,—and enumeration of the numbers *under treatment* at the same intervals of age, it may be ascertained to what extent the term of treatment varies with the age of the patients. If for 100 treated in the year, between the ages 20—30, ten remained constantly under treatment, and for 100 admitted between the ages 40—50 fifteen remained on an average, it would follow that the patients aged 20—30 remained 36½ days, the patients aged 40—50 half as long again, or 54¾ days. The ages of the patients admitted in quinquennial periods of life should therefore be published; and, in addition to this, the mean number at the same ages constantly under treatment deduced from twelve annual enumerations made on the first day of every month.

The statistical registers at the Hospitals may vary according to the judgment of the Medical Officers: it is not necessary that they should be invariably the same; but as a certain uniformity of registration should be aimed at, (and no register can be complete that does not embrace the following facts,) we venture to propose the following form of table, the arrangement of which will be found, on trial, to facilitate the classification of the principal facts:—

## Statistical Registry.

| Date. | Name. | Occupation. | Residence. | Duration of the Disease. | | Age. | Disease. | Observations. |
|---|---|---|---|---|---|---|---|---|
| | | | | On entering. | On going out. | | | |
| | | | | Days. | Days. | | | |
| Aug. 17th. | George Jones | Cooper | Abbey-row | 16 | C 33 | 18 | Typhus fever. | |
| Aug. 19th. | John Davies | Labourer | Clairley | 104 | D 142 | 50 | Softening of the spinal marrow. | |

The cured should be entered in common black ink, the deaths in red ink, and the uncured in light blue ink; a mark may be made against those discharged for misbehaviour, or any other cause, before the treatment terminates.

The only addition made to the columns of the ordinary books kept at hospitals are the columns of the duration of disease on entering and quitting the institution. These facts are of fundamental importance. The duration of the disease may be stated in days, or weeks, or months: when it has existed several weeks, the *week* measures the duration with sufficient accuracy; so also with *months* and *years*; but as it will be most convenient to use one definite period of time, the least reflection will convince any one that days supply the best graduated standard of duration. The day some attacks of fever and inflammation commence may be accurately determined, although the day of termination rarely can; but none will fall into the error of supposing that the day pthisis or other chronic diseases begin, can be ascertained. In fact, if this day was determined, it would be useless to publish the cases terminating on the 14th, 15th, 16th, &c. days separately: the duration of diseases should be taken out in the same manner as the ages. Those that continue less than five days should be placed first; those that last five days, and under ten, next, and so on. This decimal division of time is the best; but as the patients are usually admitted and discharge on one day in the week, many may prefer the weekly division. The table would then stand thus:—

| BETWEEN DAYS. | CASES TERMINATED. |
|---|---|
| 0— 7 | 100 |
| 7—14 | 250 |
| 14—21* | 700 |
| &c. | &c. |

The duration is one day less than the *dies morbi*. It will be found that, on an average, persons in the 21st day of the disease have been ill 20 *entire* days. The duration of the disease is deduced from the days of the month: G. Mathers, seized on June 11th, admitted June 27th, discharged July 14th, had, at the time of entering, been ill 16 entire days; and at the time of discharge, 33 entire days. The number in the first column subtracted from that of the last gives the term of treatment in the hospital. Some may prefer employing the *dies morbi*; after some practice and reflection, the other notation appears to us preferable. The *diseases* should be designated by the physician or surgeon, and registered, not, as is now done in some places, at the time the patient enters, but when he is discharged. Dispensary patients may be registered in the same manner as in-patients; when the latter are made out-patients, they should be registered in a separate book, and references should be given from one set of books to the other.

In concluding, we must state that many of the present reports, where the medical officers have interfered, or where a secretary has been more than usually intelligent, are highly creditable, and answer the purposes for which they were designed; but they are neither medical nor statistical reports, drawn up with a rigorous regard to accuracy, and calculated to further the progress of science. Such reports as these cannot be made by the secretary; they can only be planned and executed under the superintendence of the medical officers. We do not say that the plan of the statistical report should be drawn out by the medical officers as a body: bodies of men never do any thing well: but the medical officers may depute *one* of their own body, or another person who had studied the subject, to draw up the plan and the report annually; and both should be examined, discussed, and sanctioned by all the medical men. The secretary or house-steward keeps the present registry: this arrangement should be altered: the statistical registry might be kept in the small hospitals by the house-surgeon and apothecary, whose salary should be doubled for the increase of labour; and in the large hospitals a registrar should be expressly appointed. The annual medical report may be published separately, or in the medical journals.

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* A Case of 14 days' duration must be placed against 14–21, &c.

The present article is written for persons supposed to have taken up the subject of hospital statistics for the first time, and to be familiar with none of the technicalities of mathematics; this is the only apology that can be offered for the elementary calculations it contains. With the reports of British, French, German, and Italian hospitals before us, it is not too much to say that the minuteness, which to many will seem tedious, was necessary; not, indeed to the majority of our readers, but to a small number whose interest it was our duty to consult. Any information or suggestion received from gentlemen who may put in practice the new, or any improved system of hospital registration, shall be inserted in future Almanacks.* The methods of calculation admit, no doubt, of improvement; they are not given as the sole formulæ by which the same results can be obtained; and every person who turns his attention to medical statistics, may hope to invent something better and easier than has been invented before.

Some valuable contributions to the statistics of hospitals and dispensaries have lately been made by Dr. Forbes, Dr. Clendinning, Dr. Walker, Mr. Porter, Mr. Ryland, and Mr. Edmonds, in the Lancet, the Medical Gazette, and the Transactions of the Provincial Medical and Surgical Association.

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* The publishers of the Almanack have promised to have blank shedules printed for taking out the ages, and duration of cases, and also for the common hospital registry. Next year we shall show that the same form of table employed by private practitioners would furnish results equally interesting.

# ANTIDOTES OF POISONS.

Toxicology is one of the most delicate parts of medical chemistry; and to analyze the contents of the stomach, or to pronounce positively whether it contains or does not contain poison, not only a considerable knowledge of chemistry, but also considerable practice in manipulation, are required. On this account the practitioner, when called to examine a body where poisoning is suspected, should investigate the morbid changes in each organ, and describe all unnatural *appearances*, pevious to offering any theory of their production. The œsophagus, stomach, and intestines may be preserved in spirit; the contents of the stomach, and the jejunum, kept in stoppered bottles for analysis; and where an analysis is attempted, the directions of Christison, Orfila, or some classical Toxicologist, should be followed and detailed in the evidence.

As, when the poison administered is known, the best treatment does not always occur to the mind instantly, the following list has been compiled, where the ordinary antidotes are placed after the poisons, alphabetically arranged.

The substances mentioned should be immediately given in solution; and the stomach-pump, or an emetic of white vitriol, blue vitriol, or ipecacuanha, employed to evacuate the stomach, and bring away the poison as soon as possible.

*Poisons.*—ACID SULPHURIC, or oil of vitriol.
ACID HYDROCHLORIC, or muriatic.
ACID NITRIC, or aquafortis.
ACID OXALIC, (salt of lemons,) often mistaken for Epsom salts.

*Antidotes and Treatment.*—Chalk, magnesia, or the plaster of the apartment made into a paste with water. A solution of soap. Diluents before and after the administration of the antidotes.

ACID HYDROCYANIC or prussic; laurel water and cyanuret of potassium.—Cold affusion; inhalation of diluted ammonia, or chlorine.

ANTIMONY, TARTAR EMETIC.—Administer large doses of warm water to induce vomiting: give the powder of Peruvian bark; and, as soon as it can be prepared, the infusion of bark, which decomposes the tartar emetic.

ARSENIC (the white oxide.)—The hydrated tritoxide of iron in a dose thirty times greater than that of the poison.

BARYTA (the oxide, the muriate, and the carbonate.)—Sulphate of magnesia, (Epsom salts,) sulphate of soda, (Glauber's salts,) or any alkaline or earthy sulphate.

CANTHARIDES.—Emetics, if required, demulcents, leeches, and bleeding. Sir Benjamin Brodie informed us that, where strangury was produced by a blister, goldbeater's leaf laid on the plaster obviated this inconvenience, without preventing the usual action of the cantharides; a fact which our experience, so far as it extends, has confirmed.

HYDROGEN, SULPHURETTED.
CARBONIC ACID (in brewers' vats, &c., Fumes of burning charcoal.)

Free exposure in the air, moderate bloodletting from the arm, or from the head.

COPPER. Blue vitriol and verdigris (Sulphate and acetates of copper.)—White of eggs, iron-filings, and ferrocyanate of potassium in solution.

DIGITALIS. The patient should be kept quiet in the recumbent position, while small doses of æther and ammonia are administered.

FUNGI, POISONOUS (mushrooms.)—Emetics. No antidote is known.

LEAD. Litharge, red lead, white lead, sugar of lead, and Goulard's extract.—In the first stage, or the irritant form of injury, administer sulphate of magnesia, potash, or soda. The phosphate of soda is a good antidote. When palsy supervenes, the regimen must be regulated carefully.

MERCURY, the Bichloride (Corrosive sublimate.)—Give white of eggs diluted in water; or milk, if eggs cannot be obtained.

NUX VOMICA.
STRYCHNIA.

Evacuate the stomach, with the stomach-pump, or emetics. No antidote is known.

OPIUM; LAUDANUM.—Emetics of the sulphate of zinc, (half a dram, or two scruples,) the stomach pump, or injections of tartar emetic, must be employed to bring away the poison. The patient should be constantly roused by dragging about the floor, throwing cold water in the face, and giving ammonia, assafœtida, &c. Bleeding is sometimes required.

ZINC SULPHATE (white vitriol.) Potass in syrup; also cream, butter, and chalk.

### *Table of the British Hospitals, and of several Dispensaries, showing the Number of Patients Admitted, Cured, Dying, and under Treatment, in One Year; with the Net Expenditure and Revenue of each Institution.*

| Places, Population, 1831,* Real Value as assessed in 1815, and Medical Institutions. | One Year. | PATIENTS. | | | | | | | | | Expenditure. | | | Revenue. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Admittted. | | Cured. | | Died. | | Under Treatment in the House. | | | | | | |
| | Date. | Out. | In. | Out. | In. | Out. | In. | Average Number. | On the first Day. | On the last Day. | Total. | For Medicines | For Building, Repairs, and Furniture. | |
| | | | | | | | | | | | £ | £ | £ | £ |
| *Aylesbury*, 4907; real value, 9,288*l.*<br>General Infirmary† . . | June 1835-6 | 170 | 108 | 89 | 57 | 3 | 7 | 16 | 21 | 16 | 646§ | 98 | . . . . | . . . . |
| *Bath*, 50,802; real value, 277,536*l.*<br>Hospital or Infirmary | April 1835-6 | . . . . . . . . | 503 | . . . . | 180 | . . . . | 2 | . . . . | 118 | 106 | 3332 | 165 | | 3669 |
| United Hospital. . . . | 1835 | 11513‡ | 814 | . . . . | 566 | 76 | 47 | . . . . | 63 | 52 | 2462 | 674 | . . . . | 3606‖ |
| E. and N. Walcot Dispensary . . . . . . . . | 1835 | 1487 | . . . . | . . . . | . . . . | . . . . | . . . . | . . . . | . . . . | . . . . | 181 | 93 | . . . . | 241 |
| Eye Infirmary. . . . . . | 1835 | 649 | . . . . | 595 | . . . . | . . . . | . . . . | | . . . . | . . . . | 100 | . . . . | . . . . | 74 |
| *Bedford*, 6,958; real value, 9,188*l.*<br>General Infirmary . . | June 1835-6 | 918 | 544 | . . . . | 305 | . . . . | 35 | 69 | 61 | 62 | 2037 | 387 | . . . . | 2541 |
| *Birmingham*, 146,986: real value, 311,924*l.*<br>General Hospital. . . | 1828-9 | 2515 | 1556 | 2229 | 1067 | . . . . | 68 | 141 | 131 | 115 | 4181 | 516 | 352 | . . . . |
| Infirmary. . . . . . . . . . | 1835 | 5148 | . . . . | . . . . | . . . . | 236 | . . . . | . . . . | . . . . | . . . . | . . . . | . . . . | . . . . | . . . . |
| Eye Infirmary ¶. . . . | Mar. 1834-5 | 1504 | . . . . | . . . . | . . . . | . . . . | . . . . | . . . . | . . . . | . . . . | 141 | 42 | . . . . | 125 |

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* The population and real value of the places in which each hospital is situate, are taken from the COMPANION TO THE BRITISH ALMANACK for 1833. † A Correspondent.
§ Food, fire, salaries, medicines. ‡ 541 visited at home. ‖ This includes eight legacies, amounting to £1510. ¶ There is also a general dispensary at Birmingham.

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| real value, 29,235*l.* | | | | | | | | | | | | | | |
| Infirmary.......... | 1834-5 | 823 | 177 | .... | .... | 12 | 4 | .... | 16 | 21 | 469 | 98 | .... | 476 |
| *Brighton*, 41,994; real value, 73,354*l.* | | | | | | | | | | | | | | |
| Sussex C. Hospital | 1833 | 240 | 457 | 150 | 230 | .... | 35 | .... | .... | 94 | 3447 | 325 | 433 | 4549 |
| Dispensary........ | Jul. 1834-5 | 2664 | .... | 2285 | .... | 58 | .... | .... | .... | .... | 534 | 264 | 3 | 422 |
| Eye Infirmary..... | Sep. 1834-5 | 276 | .... | 218 | .... | .... | ... | .... | .... | .... | 45 | 7 | 20 | 98 |
| *Bristol*, 103,886; real value, 322,249*l.* | | | | | | | | | | | | | | |
| Infirmary......... | 1828 | 4633 | 1689 | 3780 | 494 | 45 | 160 | 195 | 206 | 208 | 6027 | 1340 | 997 | .... |
| General Hospital... | 1835 | 1923* | 279 | .... | 200 | .... | 13 | .... | 26 | 30 | 1250 | 358 | 99 | 849 |
| *Bury St. Edmunds*, 13,026*l.*; real value, 11,436*l.* | | | | | | | | | | | | | | |
| Suffolk General H... | 1833 | 717 | 326 | 589 | 173 | 9 | 8 | .... | 44 | 42 | 1666 | 199 | 154 | .... |
| *Canterbury*, 15,314; real value, 26,508*l.* | | | | | | | | | | | | | | |
| Kent, and Canterbury Infirmary..... | 1835 | 657 | 501 | 185 | 184 | 14 | 10 | 73 | 79 | 86 | 1985 | .... | .... | 2103 |
| *Cambridge*, 20,917; real value, 31,150*l.* | | | | | | | | | | | | | | |
| Addenbrooke's Hos. | March 1832-3 | 1265 | 620 | 834 | 222 | 16 | 17 | 55 | 54 | 54 | 2031 | .... | .... | 2170 |
| *Carlisle*, 20,006; real value, 31,738*l.* | | | | | | | | | | | | | | |
| Fever Hospital.... | 1834-5 | .... | 51 | .... | .... | .... | 9 | .... | .... | .... | .... | .... | .... | |
| Dispensary........ | 1835 | 2900 | .... | 2750 | .... | 86 | .... | .... | .... | .... | 229 | .... | .... | 343 |
| *Chester*, 21,363; real value, 55,966*l.* | | | | | | | | | | | | | | |
| General Infirmary.. | March 1835-6 | 3381 | 518 | 1203 | 232 | 86 | 21 | 50 | 55 | 43 | 2086 | 323 | .... | 2226 |

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* The number of patients, 2173, probably included those on the books at the beginning of the year; as a correction, the number remaining have been deducted.

| Places, population, 1831,* real value as assessed 1815, and Medical Institutions. | One Year. | PATIENTS. | | | | | | | | | Expenditure. | | | Revenue. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Admitted. | | Cured. | | Died. | | Under Treatment in the House. | | | | | | |
| | Date. | Out. | In. | Out. | In. | Out. | In. | Average No. | On the first Day. | On the last Day. | Total. | For Medicine. | For Building, Repairs, and Furniture. | |
| *Chichester*, 8270; real value, 22,015*l.* | | | | | | | | | | | | | | |
| W. Sussex, E. Hampshire, Chichester Infirmary and Dispens. | 1834-5 | 440 | 188 | .... | .... | 23 | 14 | .... | 40 | 44 | 1193 | 188 | 21 | 1517 |
| *Colchester*, 16,167; real value, 42,137*l.* | | | | | | | | | | | | | | |
| Essex and Colchester General Hospital ... | 1834 | 324 | 284 | 160 | 113 | 5 | 9 | 47 | 52 | 47 | 1208 | 219 | 93 | 1868 |
| *Derby*, 23,607; real value, 39,430. | | | | | | | | | | | | | | |
| Infirmary.......... | 1828-9 | 666 | 584 | 385 | 339 | .... | 18 | 61 | 71 | 63 | 2673 | 347 | 454 | .... |
| *Exeter*, 28,201; real value, 54,230*l.* | | | | | | | | | | | | | | |
| Hospital........... | 1835-6 | 281* | 1069 | .... | .... | .... | 35 | 183 | .... | .... | .... | .... | .... | .... |
| Dispensary........ | .... | 1400* | .... | .... | .... | .... | .... | .... | .... | .... | .... | .... | .... | .... |
| Eye Infirmary..... | .... | 660* | .... | .... | .... | .... | .... | .... | .... | .... | .... | .... | .... | .... |
| *Gloucester*, 11,933; real value, 18,482*l.* | 1834 | | | | | | | | | | | | | |
| Infirmary......... | .... | 493 | 646 | 293 | 429 | 3 | 33 | 161 | 164 | 171 | 3991 | .... | .... | 4598 |
| Stroud Dispensary, (Casualty Hospital) | | 365 | .... | .... | .... | .... | .... | .... | .... | .... | .... | .... | .... | .... |
| *Hereford*, 10.280; real value, 18,647*l.* | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Infirmary ........ | 1828-9 | 538 | 300 | 389 | 67 | .... | 11 | 33 | 35 | 47 | 1359 | 144 | 290 | .... |
| Dispensary ........ | 1835-6 | 178 | .... | 126 | .... | 5 | .... | .... | .... | .... | 46 | 24 | .... | 79 |
| *Halifax*, 34,437; real value, 55,138*l.* | | | | | | | | | | | | | | |
| Dispensary ........ | 1833 | 4054 | .... | 3596 | .... | 89 | .... | .... | .... | .... | 725 | 277 | .... | 791 |
| *Huddersfield*, 19,035; real value, 17998*l.* | | | | | | | | | | | | | | |
| Infirmary ......... | 1834 | 3000† | 187 | .... | .... | .... | .... | .... | .... | .... | .... | .... | .... | .... |
| *Kingston-upon-Hull*, 54,110; real value, 141,823*l.* | | | | | | | | | | | | | | |
| General Infirmary.. | 1835 | 777 | 528 | 741 | 322 | 5 | 32 | .... | 68 | 77 | 1758 | 294 | .... | 1520 |
| Hull and Sculcoates | April. | | | | | | | | | | | | | |
| Dispensary ....... | 1835-6 | 1288 | .... | 1102 | .... | 50 | .... | .... | .... | .... | 317 | 168 | .... | 365 |
| *Leicester*, 39,433; real value, 61,559*l.* | | | | | | | | | | | | | | |
| Infirmary ........ | 1834 | 1131 | 671 | 909 | 579 | 6 | 35 | .... | 74 | 56 | 1996 | 263 | 139 | 2788 |
| Fever House ...... | 1834 | .... | 104 | .... | 87 | .... | 11 | .... | 4 | 10 | 158 | .... | .... | 426 |
| Dispensary ........ | 1834 | 2046 | .... | .... | .... | .... | .... | .... | .... | .... | 467 | .... | .... | 349 |
| *Leeds*, 123,393; real value, 166,227*l.* | September, | | | | | | | | | | | | | |
| General Infirmary.. | 1832-3 | 2567 | 1298 | 1828 | 815 | 39 | 77 | .... | 207 | 195 | 3361 | 762 | .... | 3683 |
| House of Recovery ‡ | .... | .... | 171 | .... | .... | .... | 30 | .... | .... | .... | 499 | .... | .... | .... |
| Public Dispensary ‡ | .... | 2935 | .... | .... | .... | .... | .... | .... | .... | .... | 787 | .... | .... | .... |
| *Lincoln*, 12,634; real value, 44,396*l.* | June | | | | | | | | | | | | | |
| County Hospital.... | 1835-6 | 236 | 296 | .... | 340‖ | .... | 14‖ | .... | .... | .... | 1179 | 127 | 160 | 1227 |
| General Dispensary | Ma. 1835-6 | 1131§ | .... | 809 | .... | 36 | .... | .... | .... | .... | 325 | 89 | 95 | 571 |
| Horngate Dispensary | 1833-4 | 467 | .... | .... | .... | 8 | .... | .... | .... | .... | 164 | 111 | .... | 149 |
| Gainsborough Disp. | Ju. 1834-5 | 728 | .... | 491 | .... | 28 | .... | .... | .... | .... | 211 | 72 | .... | 299 |

* Correspondents. † Dr. Walker. ‡ Almanack for 1836. ‖ Out-patients included. § Of these, home-patients 514.

| Places, Population, 1831,* Real Value as assessed in 1815, and Medical Institutions. | One Year. | PATIENTS. | | | | | | | | | Expenditure. | | | Revenue. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Admitted. | | Cured. | | Died. | | Under Treatment in the House. | | | | | | |
| | Date. | Out. | In. | Out. | In. | Out. | In. | Average No. | On the first Day. | On the last Day. | Total. | For Medicine. | For Building, Repairs, and Furniture | |
| *Liverpool*, 165,175; real value, 589,140*l*. | | | | | | | | | | | | | | |
| General Hospital* .. | 1834 | .... | 1706 | .... | .... | .... | 114 | .... | 209 | 221 | .... | .... | .... | .... |
| North Hospital .... | 1835 | .... | 402 | .... | .... | .... | 37 | .... | .... | 29 | 1101 | 107 | 107 | 1342 |
| Lock Hospital† .... | 1835 | .... | 489 | .... | .... | .... | 4 | 47 | .... | .... | .... | .... | .... | .... |
| Fever Hospital‡.... | .... | .... | 1475 | .... | .... | .... | 280 | .... | .... | .... | | .... | .... | .... |
| South Dispensary* | 1832 | 18,012 | .... | .... | .... | .... | .... | .... | .... | .... | .... | .... | .... | .... |
| North Dispensary* | 1832 | 24,696 | .... | .... | .... | .... | .... | .... | .... | .... | .... | .... | .... | .... |
| *Manchester*, 187,002; real value, 364,868*l*. | | | | | | | | | | | | | | |
| Royal Infirmary and Dispensary . | June 1833-4 | 17,615 | 1852 | 1365 | 620 | 519 | 139 | .... | 106 | 148 | 8650 | 3544 | .... | .... |
| Lock Hospital* .... | 1831 | .... | .... | .... | .... | .... | .... | .... | .... | .... | .... | .... | .... | .... |
| Eye Institution .... | 1835 | 1457 | .... | 1254 | .... | .... | .... | .... | .... | .... | 312 | 68 | 40 | 323 |
| Salford and Pendleton Dispensary .... | .... | 4000 | .... | .... | .... | .... | .... | .... | .... | .... | .... | .... | .... | .... |
| *Norwich*, 61,110; real value, 72,481*l*. | | | | | | | | | | | | | | |
| Norfolk and Norwich Hospital .......... | 1835 | 370 | 774 | 209 | 506 | 2 | 46 | .... | 95 | 90 | 3804 | .... | .... | .... |
| *Newcastle*, 56,613; real value, 123,790*l*. | | | | | | | | | | | | | | |
| Infirmary‖ ......... | April 1828-9 | 728 | 1100 | .... | .... | 24 | 28 | .... | 108 | 118 | 2811 | 760 | 276 | .... |
| Dispensary ........ | 1835 | 795 | .... | .... | .... | .... | .... | .... | .... | .... | 765 | .... | .... | 901 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Casualties and slight cases | .... | 9231 | .... | .... | .... | .... | .... | .... | .... | .... | .... | .... | .... | .... |
| *Gateshead* Dispensary | .... | 1289 | .... | .... | .... | .... | .... | .... | .... | .... | 419 | .... | .... | 437 |
| Casualties | .... | 1662 | .... | .... | .... | .... | .... | .... | .... | .... | .... | .... | .... | .... |
| *Sunderland & Bishops-Wearmouth* Infirmary‖ | .... | 707 | 21 | .... | .... | .... | .... | .... | .... | .... | .... | .... | .... | .... |
| *Northampton*, 15,351; real value, 21,731*l.* General Infirmary.. | August 1833-4 | 1871 | 756 | 1695 | 353 | .... | 32 | .... | *111 | 100 | 2753 | 609 | 99 | 3410 |
| *Nottingham*, 50,680; real value, 42,336*l.* General Hospital... | March 1835-6 | 1643 | 743 | 575 | 225 | .... | 46 | 90 | 124 | 116 | 3804 | 590 |  | 4331 |
| Dispensary | Oct.1835-6 | 3279 | .... | .... | .... | .... | .... | .... | .... | .... | 804 | 377 | .... | 908 |
| *Oxford*, 20,434; real value, 37,850*l.* Radcliffe Infirmary. | 1835 | 374 | 853 | 185 | 402 | .... | 25 | .... | .... | .... | 3728 | 455 | .... | .... |
| Dispensary | 1834 | 1004 | .... | .... | .... | 23 | .... | .... | .... | .... | .... | .... | .... | .... |
| *Salisbury*, 9,876; real value, 15,874*l.* Infirmary | Sept. 1833-4 | 992 | 887 | 167 | 390 | 3 | 27 | 88 | 103 | 89 | 2155 | 406 | 96 | 2237 |
| *Salop*, 21,227; real value, 73,133*l.* Infirmary | June 1834-5 | 1889 | 834 | 1059 | 517 | 31 | 30 | 82 | 99 | 75 | 2233 | 529 | 70 | 3447 |
| *Sheffield*, 91,692; real value, 126,542*l.* Infirmary | June 1835-6 | 1683 | 894 | 961 | 348 | 23 | 31 | .... | 58 | 89 | 2476 | 519 | 197 | 3632 |
| *Stafford*, 6998; real value, 5780*l.* Infirmary. | June 1828-9 | 906 | 524 | 816 | 313 | 18 | 13 | 65 | 56 | 47 | 2190 | 340 | 498 | .... |

* Parliamentary Returns. † Correspondents. § Cured and Relieved. ‖ Correspondent. * Some absent on leave.

| Places, Population, 1831, Real Value as assessed in 1815, and Medical Institutions. | One Year. | PATIENTS. | | | | | | | | | Expenditure. | | | Revenue. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Admitted. | | Cured. | | Died. | | Under Treatment in the House. | | | | | | |
| | Date. | Out. | In. | Out. | In. | Out. | In. | Aver-ageNo | On the 1stDay | On the last Day. | Total. | For Medicine. | For Building, Repairs, and Furniture. | |
| *Stamford*, 7062; real value, 10,699*l*. | | | | | | | | | | | | | | |
| Stamford and Rutland Infirmary ... | 1835 | 461 | 125 | 336 | 61 | 19 | 4 | .... | 19 | 15 | 804 | 137 | .... | 925 |
| *Taunton*, 11,139; real value, 26,955*l*. | | | | | | | | | | | | | | |
| Taunton and Somerset Hospital .... | .... | 900 | 250 | .... | .... | .... | .... | .... | .... | .... | 600 | .... | .... | .... |
| *Warrington & Latchford*, 18,184; real value, 32,212*l*. | | | | | | | | | | | | | | |
| Dispensary ........ | 1834 | 1454 | .... | 1380 | .... | 37 | .... | .... | .... | .... | 340 | .... | .... | 347 |
| *Warwick*, 9109, real value, 29,155*l*. | | | | | | | | | | | | | | |
| Dispensary ........ | 1835-6 | 347 | .... | 226 | .... | 19 | .... | .... | .... | . . | 154 | 60 | 18 | 181 |
| *Winchester*, 9212; real value, 17,732*l*. | | | | | | | | | | | | | | |
| County Hospital .... | June<br>1833 4 | 622 | 782 | 310 | 362 | .... | 31 | 83 | 90 | 57 | 2824 | 379 | 248 | 3055 |
| *Worcester*, 18,610; real value, 48,003*l*. | | | | | | | | | | | | | | |
| Infirmary ........ | July<br>1828-9 | 669 | 680 | 310 | .... | 9 | 31 | 96 | 90 | 95 | 2534 | 508 | 183 | .... |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *York*, 25,359; real value 44,369*l.* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| County Hospital .... | 1835 | 242 | 305 | 114 | 172 | .... | 19 | 38½ | 38 | 39 | 1683 | 302 | 85 | 2272 |
| *Doncaster*, 10,801; real value, 28,207*l.* Dispensary ........ | October, 1834-5 | 1561 | .... | 1530 | .... | 67 | .... | .... | .... | .... | 447 | 256 | 45 | 432 |
| *The Metropolis*, 1,544,436; real value, 1,254,702*l.* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bartholomew's Hospital* .......... | .... | 21,403 | 5164 | .... | .... | .... | 392 | 483 | .... | .... | .... | .... | .... | .... |
| St. Thomas's Hospital* | .... | 25,430 | 3000 | . | .... | .... | 261 | 398 | .... | .... | .... | .... | .... | .... |
| Guy's Hospital* .... | .... | 50,000 | 3395 | .... | .... | .... | 300 | 480 | .... | .... | .... | .... | .... | .. |
| Westminster Hospital† .......... | 1835 | 4979 | 988 | .... | ... | .... | 87† | 85† | 81 | 99 | 3787 | 643 | 74 | 3697 |
| St. George's Hospital. | 1835 | 4636 | 2192 | 3060 | 1228 | .... | 226 | .... | 283 | 300 | 9808 | 1543‡ | 896 | 9240 |
| London Hospital .. | 1835 | 8436 | 2733 | .... | ... | .... | .... | 313 | .... | .... | 12585 | 2557 | .... | 13746 |
| Middlesex Hospital.. | §1826-35 | 4434 | 1762 | ... | .... | .... | 206 | 194 | .... | .... | 5980 | 850 | 120 | 7792 |
| North Lond. Hospital | Oct 1834-5 | 2363 | 1156 | .... | .... | .... | 90 | .... | .... | 123 | 8426 | 641 | 4589 | 5820 |
| Fever Hospital .... | 1835 | .... | 309 | .... | 270 | .... | 52 | .... | 28 | 15 | 1103 | 83‖ | 7 | 1173 |
| Small-Pox Hospital. | 1835 | .... | 401 | .... | .... | ... | 88 | .... | .... | . | 1012 | .... | .... | 1167 |
| Lock Hospital ..... | Mar. 1835-6 | 30 | 402 | .... | .... | .... | 4 | .... | 75 | 78 | 1922 | 274 | 65 | 1665 |
| Dreadnought Hospital for Seamen .. | 1835 | 1191 | 2259 | .... | 1574 | .... | 127 | .... | 224 | 206 | 5245 | .... | .... | 6123 |
| Twenty-two Dispensaries ............ | .... | 65,990¶ | .... | .... | .... | .... | .... | .... | .... | .... | .... | .... | .... | .... |

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* Approximations deduced from the meagre Reports and other information.—See Almanack 1836. † Mean of three years, 1833-35. ‡ Includes Brandy. § Average of 10 years, for which we are indebted to the kindness of one of the Medical Officers. The Expenditure is only for 1834. The charge for medicines, includes the Cupper's salary. ‖ Includes wine. ¶ This is exclusive of Lying-in Charities, Rupture Societies, &c.; it includes, however, some Midwifery cases. Two or three Dispensaries are entirely omitted. We are only acquainted with three Hospitals (the Durham, Bradford, and North Staffordshire) not in this Table.

| Places, Population, 1831, Real Value as assessed in 1812, and Medical Institutions. | One Year. | PATIENTS | | | | | | | | | Expenditure. | | | Revenue. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Date. | Admitted. | | Cured. | | Died. | | Under Treatment in the House. | | | Total. | For Medicines | For Building, Repairs, and Furniture. | |
| | | Out. | In. | Out. | In. | Out. | In. | Average No. | On the first Day. | On the last Day. | | | | |
| WALES. — Return incomplete. | | | | | | | | | | | | | | |
| SCOTLAND. | | | | | | | | | | | | | | |
| *Edinburgh*, 136,301. | | | | | | | | | | | | | | |
| R. Infirmary* | .... | .... | .... | .... | .... | .... | .... | 225 | .... | .... | .... | .... | .... | .... |
| Dispensaries | .... | 9066 | .... | .... | .... | .... | .... | .... | .... | .... | .... | .... | .... | .... |
| *Glasgow*, 202,426; real value, 375,947*l*. | | | | | | | | | | | | | | |
| Royal Infirmary | 1835 | .... | 3274 | .... | 2435 | .... | 359 | .... | 260 | 274 | 6488 | 1250 | 1990 | 5599 |
| *Aberdeen*, 58,019; real value, 101,613*l*. | | | | | | | | | | | | | | |
| Royal Infirmary | 1834 | 1076 | 1282 | .... | .... | .... | | .... | .... | .... | .... | .... | .... | .... |
| IRELAND. | | | | | | | | | | | | | | |
| *Dublin*, 350,100. | | | | | | | | | | | | | | |
| All the Medical Institutions | 1833 | 135,000† | 7114 | .... | .... | .... | .... | .... | .... | .... | .... | .... | .... | .... |
| County and other Infirmaries.‡ | 1829 | 109,121 | 8930 | .... | .... | .... | 191‖ | .... | 926 | 979 | 24129 | 2966 | 1901 | 29186 |
| Fever Hospitals and Dispensaries | unknown. | | | | | | | | | | | | | |

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* We have no other authority for this than a pamphlet by the Apothecaries Company. † Estimate of Mr. Phelan. ‡ Official Reports. ‖ Does not include Spirits. Bristol, Birmingham, Derby, Hereford, and Stafford Infirmaries are from the Rev. C. Oxendon's Table. When the contrary is not stated, the numbers have been taken from the Reports. The gaps show the deficiencies of the Reports.

In answer to our Statistical Inquiries, the interesting data in the following table were furnished by Dr. Elmhirst, Lincoln; J. T. James, Esq., Exeter; G. Johnson, Esq., Cambridge; E. Hagley, Esq., Oxford; Rev. C. Oxendon, Bishopsbourne; J. Toogood, Esq., Bridgewater; G. W. Charleton, Esq., Gloucester; Booth Eddison, Esq., Nottingham; two Gentlemen in Worcester and Chester, with whose names we are unacquainted; and the Editor of the Almanack. To Dr. Symonds, Bristol; Dr. Elliot, Carlisle; S. Wood, Esq., Salop; C. M. Ashwin, Esq., Abergavenny; and C. Bud, Esq., Swansea; we are indebted for a return of the ages of more than 6000 patients. This class of observations will accumulate by next year, and be sufficiently numerous to furnish uniform results.

*Table of the Patients admitted, resident, and dying in Nineteen Hospitals.*

| Hospital. | Date. | Years. | Admitted. | | In the Hospital One Year. | In the Hospital. | | | Total Expenditure. | Drugs, &c. |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | Out-P. | In-P. | | First Day. | Last Day. | Deaths. | | |
| | | | | | | | | | £. | £. |
| Exeter ......... | March, 1826-36 | 10 | 3564 | 10145 | 1730 | ... | ... | 326 | | |
| Gloucester .... | 1829-35 | 7 | 3079 | 4253 | 1169 | 161 | 171 | 241 | | |
| Worcester .... | June, 1826-35 | 9 | 6446 | 6619 | 774 | 94 | 79 | 263 | | |
| Canterbury ... | 1826-35 | 10 | 6083 | 4239 | 546 | 55 | 86 | 198 | | |
| Addenbrooke.. | 1826-35 | 10 | 12643 | 6414 | 583 | ... | ... | 157 | | |
| *8 Infirmaries. | — | 17 | 24323 | 10201 | 1085 | 461 | 417 | 413 | 37417 | 6141 |
| Lincoln ........ | June, 1826-35 | 10 | 1142 | 2762 | 312 | 28 | 54 | 133 | 13947 | 757 |
| Radcliffe Inf. | 1826-35 | 10 | 3299 | 8077 | ... | ... | ... | 261 | | |
| Nottingham . | March, 1826-36 | 10 | 15206 | 6492 | ... | ... | ... | 280 | | |
| Chester......... | March, 1826 36 | 10 | 29111 | 5331 | ... | ... | ... | 220 | | |
| Bridgewater.. | Sept. 1830 36 | 6 | 3677 | 990 | ... | ... | ... | 30 | | |
| Total........................................... | | | | 65,523 | ................................ | | | 2522 | | |

* Salop, 5 years; Chester, 3; Bedford, 2; York, 2; Colchester, 2; Winchester, 1; Salisbury, 1; Aylesbury, 1.

The annual cost of an in-patient in the eight Infirmaries and in Lincoln was 31*l*. 17*s*.; this included furniture, repairs, salaries, the maintenance of officers or servants, and every other item in the reports, except medicines. The cost of drugs, and all other medical appliances except wine, was 6,898*l*.; which, divided by the total of out and in patients (38,428), gives 3*s*. 7*d*. for each patient. Each inpatient cost 68*s*. 7*d*., which, with 3*s*. 7*d*. for medicines, amount to 72*s*. 2*d*. a-head for treatment during 39.4 days, or 1*s*. 10*d*. a day. The expense of medicines was little more than 1*d*. a day. Exclusive of furniture, repairs, and building, the expense of each patient was about 1*s*. 7*d*. a day.

The mortality of the cases treated at Worcester, Canterbury, Cambridge, Lincoln, and the 8 Infirmaries, was 3.8 per cent.; the mortality in 36.5 days was 3.5 per cent. The mean term of treatment was 39.9 days. At Gloucester and Exeter, the mean term of treatment was 73.5 days; the mortality of the cases, 3.9 per cent.; the deaths in 36.5 days, 1.96 per cent. The mortality at Oxford, Nottingham, Chester, and Bridgewater, was 3.8. The different series of observations show that the mortality of cases in hospitals and towns of moderate size is very near 3.8 per cent.

# TABULAR VIEW

### OF THE

# CHARACTERISTIC PHYSICAL SIGNS OF DISEASES OF THE LUNGS AND PLEURA.

| | PHYSICAL SIGNS IN THE PART AFFECTED. | | | |
|---|---|---|---|---|
| Disease. | Pectoral Sound on Percussion. | Respiratory Sounds. | Vocal Resonance. | Sputa. |
| Acute Bronchitis. | Sometimes slightly diminished. | Weak in parts; accompanied by a rhonchus, first sonorous or sibilant, afterwards mucous. Towards the end, respiration sometimes inaudible in parts. | Natural. | Mucous; at first thin, afterwards viscid. |
| Chronic Bronchitis. | Slightly impaired, if the catarrh is extensive. | Weak in parts, or irregular, with mucous rhonchus. | Natural. | Mucous; sometimes purulent, sometimes streaked with blood. |
| Dilated Bronchi. | Sometimes partially impaired. | Bronchial, or a gurgling rhonchus. | Bronchophony or even pectoriloquy. | The same. |
| Pituitous Catarrh. | Partially impaired. | Weak, with sonorous, sibilant, and mucous rhonchi. | Natural. | Pituitous. |
| Dry Catarrh. | Natural. | More or less extinct in parts. Occasional sibilant, sonorous, and dry mucous rhonchi. | Natural. | A pearly thick mucus. |
| Spasmodic Asthma. | Sometimes impaired. | Usually weak, or even inaudible; but distinct and even puerile, immediately after holding the breath a while. | Natural. | Sometimes thin and copious at the end of each paroxysm. |
| Peripneumony 1st stage. | A little impaired. | Weak, with crepitant rhonchus. | Natural. | Viscid, of a rusty hue. |
| 2nd stage. | Quite Dull. | Bronchial, with crepitant rhonchus. | Bronchophony | Rusty and very viscid, or none. |
| 3rd stage. | Quite Dull. | None; except sometimes a coarse mucous rhonchus. | None. | Sometimes purulent; brown and watery; often none. |

| Disease. | PHYSICAL SIGNS IN THE PART AFFECTED. | | | Sputa. |
|---|---|---|---|---|
| | Pectoral Sound on Percussion. | Respiratory Sounds. | Vocal resonance. | |
| Emphysema. | Unnaturally clear. | Diminished, and sometimes almost extinct. Cough accompanied by a sibilant rhonchus or crackling. | Natural. | A thick dirty grey mucus. |
| Œdema. | Dull, if the effusion is extensive. | Weak, with subcrepitant rhoncus. | Sometimes slight bronchophony. | Slightly viscid and colourless pituita. |
| Pulmonary Apoplexy. | Dull, if near the surface, and extensive. | Extinct in the apoplectic spots; a rhonchus, first subcrepitant, afterwards mucous, around them. | Occasionally bronchophony. | Blood, or bloody mucus. |
| Pleurisy. | Quite dull. | First weak; afterwards extinct, except at the root of the lungs. | At first ægophony; afterwards none. | None; or catarrhal. |
| Pleuropneumonia. | Quite dull. | At first weak, with crepitant rhonchus; then bronchial, afterwards extinct. | Buzzing ægophony. | As in peripneumony. |
| Hydrothorax. | Quite dull. | Weak or extinct, according to the quantity of the effusion. | Ægophony, when the effusion is scanty. | Various. |
| Pneumothorax<br>*a.* Simple. | Unnaturally clear. | Weak or extinct, according to the quantity of air effused. | Generally none; rarely metallic tinkling. | Various. |
| *b.* With fistulous communication with the bronchi, and liquid effusion. | Dull in the dependent parts; very clear above. | Ditto. Succussion of the chest produces sound of fluctuation. Respiration and cough, sometimes attended with amphoric resonance or metallic tinkling. | Metallic tinkling. | Phthisical. |
| Phthisis.<br>*a.* Stage of grey induration, and crude tubercles. | Impaired, if the accumulation be extensive. | Weak, or somewhat bronchial, if the accumulation be extensive. | Diffused bronchophony, if the accumulation be extensive. | Sometimes catarrhal and scanty, sometimes pituitous, sometimes bloody. |
| *b.* Stage of evacuation of the softened tubercles. | Unequal. | Cavernous rhonchus, respiration, and cough. | Pectoriloquy, when the cavity is empty. Metallic resonance when the cavern is large. | Muco-purulent; purulent; tubercular; curdy matter; sanguinolent, grey or brownish grumous liquid. |

# ASPHYXIA.

## METHODS OF TREATMENT RECOMMENDED BY THE HUMANE SOCIETY.

Cautions.—1. Lose no time.—2. Avoid all rough usage.—3. Never hold the body up by the feet.—4. Nor roll the body on casks.—5. Nor rub the body with salt or spirits.—6. Nor inject tobacco-smoke, or infusion of tobacco.

Restorative Means —*If apparently drowned.*—Send quickly for Medical assistance; but do not delay the following means :—I. Convey the body carefully, with the head and shoulders supported in a raised position, to the nearest house. II. Strip the body, and rub it dry; then wrap it in hot blankets, and place it in a warm bed in a warm chamber. III. Wipe and cleanse the mouth and nostrils. IV. In order to restore the natural warmth of the body,

1. Move a heated covered warming-pan over the back and spine. 2. Put bladders, or bottles of hot water, or heated bricks, to the pit of the stomach, the arm-pits, between the thighs, and to the soles of the feet. 3. Foment the body with hot flannels: but, if possible, 4. Immerse the body in a warm bath, as hot as the hand can bear without pain, and this is preferable to the other means for restoring warmth. 5. Rub the body briskly with the hand; do not, however, suspend the use of the other means at the same time.

V. In order to restore breathing, introduce the pipe of a common bellows (where the apparatus of the Society is not at hand) into one nostril, carefully closing the other and the mouth; at the same time drawing downwards and pushing gently backwards the upper part of the windpipe, to allow a more free admission of air; blow the bellows gently, in order to inflate the lungs, till the breast be a little raised; the mouth and nostrils should then be set free, and a moderate pressure made with the hand upon the chest. Repeat this process till life appears. VI. Electricity to be employed early by a Medical Assistant. VII. Inject into the stomach, by means of an elastic tube and syringe, half a pint of warm brandy and water, or wine and water. VIII. Apply sal volatile or hartshorn to the nostrils.

*If apparently Dead from intense Cold.*—Rub the body with snow, ice, or cold water. Restore warmth by slow degrees; and after some time, if necessary, employ the means recommended for the Drowned. In these accidents it is highly dangerous to apply heat too early.

*If apparently Dead from Hanging.*—In addition to the means recommended for the Drowned, bleeding should be early employed by a Medical Assistant.

*If apparently Dead from noxious Vapours, &c.*—1. Remove the body into a cool fresh air. 2. Dash cold water on the neck, face, and breast frequently. 3. If the body be cold, apply warmth, as recommended for the Drowned. 4. Use the means recommended for inflating the lungs, in Direction V. 5. Let Electricity (particularly in accidents from lightning) be early employed by a Medical Assistant.

*If apparently Dead from Intoxication.*—Lay the body on a bed, with the head raised; remove the neckcloth, and loosen the clothes. Obtain instantly Medical assistance, as the treatment must be regulated by the state of the patient; but in the mean time apply cloths soaked in cold water to the head, and bottles of hot water, or hot bricks, to the calves of the legs, and to the feet.

*If apparently Dead from Apoplexy.*—The patient should be placed in a cool air, and the clothes loosened, particularly about the neck and breast. Bleeding must be early employed by a Medical Assistant; the quantity regulated by the state of the pulse. Cloths soaked in cold water, spirits, or vinegar and water, should be kept applied to the head, which should be instantly shaved. All stimulants should be avoided. In cases of coup de soleil, or strokes of the sun, the same means to be used as in Apoplexy.

# THE ANATOMY ACT.

2nd & 3rd Will. IV. c. 75.

Clause 1. No person to practise Anatomy (to receive a body) without a license from the Secretary of State for the Home Department. 2. and 3. Inspectors of Anatomy to be appointed by the Secretary of State, by whom their district is to be prescribed. 4. Inspectors to make a report to the Secretary of State of all Bodies employed for Anatomical examination. 5. Inspectors to have liberty to inspect all places duly licensed, and at all times. 6. Salaries to Inspectors. 7. Persons having lawful custody of Bodies (undertakers excepted) may permit the Body to undergo examination, "unless, to the knowledge of such Executor or other party, such person shall have expressed his desire, either in writing, at any time during his life, or verbally, in the presence of two or more witnesses, during the illness whereof he died, that his body after death might not undergo such examination; or unless the surviving husband or wife, or any known relative of the deceased person, shall require the body to be interred without such examination." 8. Persons directing, in writing or verbally, before two witnesses, their bodies to be examined, such bodies may be examined, unless objected to by husband or wife, or nearest relative, or any one or more of such persons, nearest known relatives, being of kin in the same degree, &c. 9. No Body to be removed from the place where it died until after forty-eight hours after such person's decease, nor until after twenty-four hours' notice after such decease, to the Inspector, of the intended removal of such Body.* A medical certificate, stating the disease or cause of death, or a Coroner's warrant to be sent to the Inspector with the said notice. 10. and 11. Professors, Surgeons, and others, duly licensed, may receive Bodies. 12. No place to be licensed until after eight days' notice to the Secretary of State. 13. All Bodies to be removed in a coffin or shell, and, after examination, the remains to be interred in consecrated ground, and a certificate of such interment, signed by the Clergyman or officer appointed to do so, to be forwarded to the Inspector within six weeks from the day on which such Body was received. 14. No person licensed, and observing the regulations of the Act, to be liable to punishment for having a body in his possession. 15. This Act does not prohibit post-mortem examinations. 16. The Bodies of murderers are not to undergo Anatomical examination. 17. All actions for infringement of this Act to be commenced within six months after the cause of such action accrued. 18. All persons offending against the provisions of this Act to be considered guilty of a misdemeanor, and, being convicted, to be imprisoned for a term not exceeding three months, or fined in a sum not exceeding £50, at the discretion of the Court. 19. Interpretation of certain words, as to person or persons, &c. 20. The Act to commence 1st of August, 1832. 21. That the Act may be amended in the Session, &c.

Note.—Independently of the foregoing provisions, the Secretary of State has furnished to the Inspector various regulations for his guidance, and all further information may be obtained by communicating with Dr. Somerville, and, if by post, by directing all letters to

J. A. The Secretary of State Home Department, London.

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* Printed Forms of Notices, and all other necessary Forms, are supplied by the Inspector.

# TO CORRESPONDENTS.

We offer sincere thanks to our Correspondents, in every part of the country, who have enabled us to lay before the Profession a mass of useful information, which could only have been obtained by their zealous co-operation. Next year we shall publish the names of all Contributors, unless a wish to the contrary is expressed.

For a return of the principal diseases observed at Fort Pitt, Chatham, we are indebted to the liberality of Sir James M'Grigor, under whose superintendence the Army Records have become so valuable. For an elaborate report of the diseases of the veterans in Greenwich Hospital we have to thank Sir W. Beatty.

Mr. Thurnam's excellent return of the Patients treated in the Westminster Hospital will, we hope, be continued. To obtain results where the diseases are distinguished, a great number of observations is required; these we expect to procure and publish, with Mr. Thurnam's next year.

To Mr. Parr, Surgeon to the Liverpool Friendly Society, Mr. Smith, of Southam, and Mr. Stone, of Christ's Hospital, we owe three valuable Communications.

Dr. Bigsby's Return of Country Dispensaries, and his excellent book, should be in the hands of all interested in these Establishments.

Correspondents are solicited to forward their Communications,—*free if an opportunity occurs*—before Sept. 10, 1837.

The Publishers will shortly have ready a Statistical Registry for Hospital and private practice; also lined books for taking out and classifying cases, according to age, duration, and other circumstances. It will be accompanied with the necessary explanations, examples, and short rules for deducing results. The pages of the Almanack will always be open to authentic information collected by this or any other correct method.

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*W. Tyler, Printer, Bolt-court, Fleet-street.*

THE

# BRITISH MEDICAL ALMANACK, 1838;

*WITH A SUPPLEMENT.*

EDITED BY WILLIAM FARR.

To be Continued Annually.

BIBLIOTH. COLL. REG. MED. EDIN.

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# ADDRESS.

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Among the most important events of last year, the incorporation of the *University of London* deserves mention. The course of examinations the senate institutes will, we confidently hope, prove satisfactory. The time was come when the right to confer degrees in the great schools of the metropolis could no longer be withheld; and, now the University of London is founded, the licensing power provisionally delegated to the City apothecaries will, we presume, cease by an act of the legislature.

The fact that the mortality of the people of England has gone on increasing during the last twenty years—that influenza has twice prevailed universally within a short time—that cholera is threatening—that the British Boards of Health threw little light on the causes increasing or lessening the intensity of this fearful epidemic, will probably induce the Government to found a *National Board of Health*, ramified through all parts of the empire. It will be at least the duty of Government to interfere, and no longer allow examining boards to exclude courses on Public Health from the curricula and Universities of this country.

We have to congratulate the profession on two pieces of practical reform, the one effected, the other commenced. Medical witnesses at Coroners' inquests now receive the remuneration of which they have so long been deprived; a right obtained from the Legislature by the assiduous importunities of the honourable Member for Finsbury. The cause of public justice had some claims on the unrequited services of the profession; but mercantile companies, that had no pretence to such privilege, also turned the facility of medical men to account; and the London Life Offices confidently demanded, and obtained, written, deliberate, professional opinions, gratuitously. The injustice has been exposed; and through the active interference of Dr. John Sims, one Life Office—the *Britannia*—remunerates the medical referee. A dispute has arisen on the question, whether the person assured, or the

Life Office, should pay the fee. Such a dispute is idle. In every case the person assured will ultimately pay the fee; he pays it now in the excessive price of policies; and, as a practical measure, it will work better if the fee be paid directly by the parties applying for the opinion. The medical witness is now paid by the Coroner on the same grounds. The profits of the first year will amply repay this small addition; which, besides, may be safely deducted from the thousands a year that find their way, as salaries, into the pockets of certain Resident Directors. Mr. George Farren will, perhaps, favour the world with a gratuitous opinion upon *these points* in his next epistle.

Another favourable feature in the state of medicine is, the increased attention awakened to the more positive parts of science, to experimental physiology, and to vital statistics.

Lastly, we have to thank our Contributors; to whom this work owes any value it may possess. The communications not inserted have all been serviceable. We are indebted to Mr. W. Hardwicke for assistance in drawing up the Statistics of the medical profession.

A little confusion was caused by the change of publishers. On the death of our late excellent publisher, Mr. Sherwood, we placed the work in the hands of Mr. Churchill: our readers will perceive that this step has not been disadvantageous to their interests. The value and utility of the majority of articles is considerably increased; as the success of the publication, and the kindness of contributors, now enable the Editor to procure articles from writers of a deservedly high reputation. Next year some modification will be made in the part containing the Calendar; and the whole will be published under the title "*Medical Annual.*" The general nature of the work will remain unaltered.

# ARTICLES OF THE CALENDAR FOR 1838.

| | | | |
|---|---|---|---|
| Golden Number | 15 | Sunday Letter | G |
| Epact | 4 | Indiction | 11 |
| Solar Cycle | 27 | Julian Period | 6551 |

## *Eclipses of the Sun and Moon in* 1838.

There will be *two* Eclipses of the Sun and *two* Eclipses of the Moon during the year 1838; but none of these will be visible in England, except that of the Moon on the 9th of April.

*First.*—A total Eclipse of the Sun (invisible here) on the 25th of March, 1838.

*Second.*—A partial Eclipse of the Moon, April 9th, 1838, visible in England:—

| | | | | |
|---|---|---|---|---|
| First contact with the Dark shadow at .. | $0^{h.}$ | $32^{m.}$ | $6^{s.}$ | A.M. |
| Middle of the Eclipse.. | 1 | 58 | 36 | A.M. |
| Last contact with the Dark shadow | 3 | 25 | 6 | A.M. |

Magnitude of the Eclipse six-tenths of the Moon's northern limb. At the period of the ecliptic opposition, or full Moon, the Moon will be in the zenith in Lat. 8° 20′ S., Long. 30° W.

*Third.*—An annular Eclipse of the Sun on the 18th September, 1838, invisible in England.

*Fourth.*—A partial Eclipse of the Moon, invisible in England, October 3, 1838.

## *Astronomical Phenomena.*

*Mercury* will be best seen about the 12th Feb., 12th June, and 4th October, in the mornings; and about 3rd January, 25th April, 23rd August, and 17th December, in the evenings. *Venus* will be at her greatest brilliancy the night of the 28th January, when she will be seen in conjunction with the Moon, at 6 o'clock, near the western horizon, the Moon being 6 degrees south of the planet. *Venus* will be again at her greatest brilliancy on the morning of the 10th of April.

There will be only two Occultations of the planets by the Moon visible in England during the year 1838. The first will be one of the planet *Mercury*, which commences at $8^{h}$ $29^{m}$, and ends at $9^{h}$ $2^{m}$ P.M., on the 25th of April, when the Moon will pass over the planet, being at the time near the Pleiades, and a few degrees above the western horizon. The second will be on the evening of the 27th of June, when the Moon will pass before *Jupiter* at $10^{h}$ $29^{m}$ P.M., and just as the planet re-appears it will be setting at London.

At 2 o'clock on the morning of the 28th of December the Moon will pass through the Pleiades and eclipse several stars in that constellation, being near the western horizon at the time.

*N.B The above are all given for Greenwich mean time.*

## JANUARY XXXI DAYS.

### Moon's Aspects.

First Quar. 3 day 6h. 43m. morn.
Full Moon 10 day 7h. 20m. aft.
Last Quar. 19 day 0h. 35m. mn.

New Moon 26 day 1h. 51m. mn.
☽ Apogee 14 day 8h. aft.
☽ Perigee 27 day 2h. morn.

| Days of Month. | Wk. days. | HOLIDAYS, SUNDAYS, AND MEDICAL WRITERS. | Sun rises. | Sun sets. | Equa. Time. Clock bef.sun. | Sun's Declination. | Moon's Age. Noon. | Moon's Southing. |
|---|---|---|---|---|---|---|---|---|
| | | | h. m. | h. m. | m. s. | south. h. m. | days. | h. m. |
| 1 | M. | Circumcision. | 8 5 | 3 55 | 3 50 | 23° 2′ | 4.9 | aftern. |
| 2 | Tu. | Day increased 7 min. | 8 4 | 3 56 | 4 19 | 22°57′ | 5.9 | 5 32 |
| 3 | W. | ☿ great. elong. 19° E. | 8 4 | 3 56 | 4 47 | 22°51′ | 6.9 | 6 19 |
| 4 | Th. | [1795. | 8 3 | 3 57 | 5 14 | 22°45′ | 7.9 | 7 6 |
| 5 | Fr. | Pr. Hecker of Berlin, *b.* | 8 2 | 3 58 | 5 41 | 22°38′ | 8.9 | 7 55 |
| 6 | Sa. | Epiphany | 8 1 | 3 59 | 6 8 | 22°32′ | 9.9 | 8 46 |
| 7 | 𝕾 | 1 Sun. aft. Epiphany | 8 0 | 4 0 | 6 34 | 22°24′ | 10.9 | 9 39 |
| 8 | M. | Plow Monday | 8 0 | 4 0 | 7 0 | 22°16′ | 11.9 | 10 34 |
| 9 | Tu. | | 7 59 | 4 1 | 7 25 | 22° 8′ | 12.9 | 11 29 |
| 10 | W. | L. of day 8h. 5m. | 7 58 | 4 2 | 7 49 | 21°59′ | 13.9 | morn. |
| 11 | Th. | Hilary Term begins | 7 57 | 4 3 | 8 13 | 21°50′ | 14.9 | 0 22 |
| 12 | Fr. | D. breaks, 5h. 52m. | 7 56 | 4 4 | 8 37 | 21°41′ | 15.9 | 1 12 |
| 13 | Sa. | Camb. Term begins | 7 54 | 4 6 | 8 59 | 21°31′ | 16.9 | 1 58 |
| 14 | 𝕾 | 2 Sun. aft. Epiphany | 7 53 | 4 7 | 9 21 | 21°20′ | 17.9 | 2 41 |
| 15 | M. | Oxford Term begins | 7 52 | 4 8 | 9 43 | 21° 9′ | 18.9 | 3 22 |
| 16 | Tu. | Day increased 34m. | 7 51 | 4 9 | 10 4 | 20°58′ | 19.9 | 4 2 |
| 17 | W. | Pr. Mitscherlich *b.* 1794 | 7 49 | 4 11 | 10 24 | 20°47′ | 20.9 | 4 41 |
| 18 | Th. | J. Pringle *d.* 1784. | 7 48 | 4 12 | 10 43 | 20°35′ | 21.9 | 5 20 |
| 19 | Fr. | L. of day 8h. 26m. | 7 47 | 4 13 | 11 2 | 20°22′ | 22.9 | 6 2 |
| 20 | Sa. | Howard *d.* 1790 | 7 46 | 4 14 | 11 20 | 20° 9′ | 23.9 | 6 48 |
| 21 | 𝕾 | 3 Sun. aft. Epiphany | 7 44 | 4 16 | 11 37 | 19°56′ | 24.9 | 7 38 |
| 22 | M. | Ruysch *d.* 1731 | 7 43 | 4 17 | 11 54 | 19°43′ | 25.9 | 8 33 |
| 23 | Tu. | | 7 41 | 4 19 | 12 10 | 19°29′ | 26.9 | 9 34 |
| 24 | W. | Sanctorius *d.* 1638 | 7 40 | 4 20 | 12 25 | 19°15′ | 27.9 | 10 38 |
| 25 | Th. | D. breaks, 5h. 39m. | 7 38 | 4 22 | 12 39 | 19° 0′ | 28.9 | 11 42 |
| 26 | Fr. | E. Jenner *d.* 1833 | 7 37 | 4 23 | 12 52 | 18°45′ | 0.4 | aftern. |
| 27 | Sa. | Schelling *b.* 1775 | 7 35 | 4 25 | 13 5 | 18°30′ | 1.4 | 1 42 |
| 28 | 𝕾 | 4 Sun. aft. Epiphany | 7 34 | 4 26 | 13 17 | 18°14′ | 2.4 | 2 35 |
| 29 | M. | Day increases 1h. 11m. | 7 32 | 4 28 | 13 27 | 17°58′ | 3.4 | 3 26 |
| 30 | Tu. | K. Charles beheaded | 7 30 | 4 30 | 13 38 | 17°42′ | 4.4 | 4 14 |
| 31 | W. | Hilary Term. ends. | 7 29 | 4 31 | 13 47 | 17°25′ | 5.4 | 5 3 |

# CHRONOLOGICAL HISTORY OF MEDICINE.

## ANATOMICAL DISCOVERIES FROM HARVEY TO HALLER.

A. D.

1628 *Circulation of the Blood.*—Harvey's doctrines were slowly received by the learned world. They were opposed or ridiculed by the majority; Harvey was called *Circulator*.

1630 *Primrose*, a physician of Hull, wrote a refutation of Harvey's doctrines in a fortnight; Harvey's work cost twenty-six years of labour.

1572-1642 *Gaspard Hoffman*, one of the most learned men of the time, refused to believe in the circulation, after Harvey had proved it by experiments performed at Altorf.

1637 The reformer of philosophy, *Réné Descartes*, admitted Harvey's theory; his views were opposed by Plempius, (1601-1671,) professor at Louvain. The heart, Plempius maintained, palpitated when empty; Descartes replied, that it only contracted because it contained a little blood.

1604-1649 *Walaeus*, born in Zealand, proved (1640) the pulmonary circulation, by applying a ligature on the pulmonary vein. He observed muscular fibres round the vena cava near the heart. Ligature of the veins produces gangrene.

1606-1681 *Hermann Conring* inferred, from the rapid influence of fluids on the urine, that the blood circulates three or four times an hour.

1645 *Riolan*, who was born at Paris, 1577, and died 1657, was the most violent and celebrated antagonist of the doctrines of circulation. He was the only indidviual that was honoured by a reply. Harvey showed that the pulsating force is not in the arteries, as the pulse is felt in ossified arteries.

1649 *Back*, a physician of Amsterdam, published an elaborate treatise on the circulation; Slevel, of Hamburgh, (1605 53,) acquired celebrity by his apology for Harvey's doctrines.

1604-89 *G. Ent*, London, wrote in favour of the circulation. He explained the pulse. The arterial system is always full; the pulse is an undulation propagated from the heart to the capillaries. Ent refuted the doctrine that the blood was formed in the spleen, maintained by Ulmus; to whom he applied the following lines of Virgil—

> "Ulmus opaca, ingens, quam sedem somnia vulgo
> Vana tenere ferunt, foliisque sub omnibus haerent."

1657 *Harvey* died, aged 79; nearly all his adversaries had been silenced.

# FEBRUARY XXVIII DAYS. 1838.

## Moon's Aspects.

First Quar. 1 day 5h. 34m. aft.
Full Moon 9 day 1h. 52m. aft.
Last Quar. 17day 5h. 39m. aft.

New Moon 24 day 0h. 8m. aft.
☽ Apogee 11 day 7h. morn.
☽ Perigee 24 day 1h. aft.

| Days of Month. | Wk. days. | HOLIDAYS, SUNDAYS, AND MEDICAL WRITERS. | Sun rises. | Sun sets. | Equa. Time. Clock bef.sun. | Sun's Declination. | Moon's Age. Noon. | Moon's Southing. |
|---|---|---|---|---|---|---|---|---|
| | | | h. m. | h. m. | m. s. | south. | days. | h. m. |
| 1 | Th. | Day breaks, 4h. 50m. | 7 28 | 4 32 | 13 55 | 17° 8′ | 6.4 | aftern. |
| 2 | Fr. | Dieffenbach *b.* 1794 | 7 26 | 4 34 | 14 3 | 16°51′ | 7.4 | 6 43 |
| 3 | Sa. | Spallanzani *d.* 1799 | 7 25 | 4 35 | 14 9 | 16°34′ | 8.4 | 7 35 |
| 4 | 𝕾 | 5 Sun. aft. Epiphany | 7 23 | 4 37 | 14 15 | 16°16′ | 9.4 | 8 30 |
| 5 | M. | W. Cullen *d.* 1790 | 7 21 | 4 39 | 14 20 | 15°58′ | 10.4 | 9 24 |
| 6 | Tu. | Priestley *d.* 1814 | 7 20 | 4 40 | 14 25 | 15°39′ | 11.4 | 10 17 |
| 7 | W. | L. of day 9h. 24m. | 7 18 | 4 42 | 14 28 | 15°21′ | 12.4 | 11 7 |
| 8 | Th. | Oken, the illustrious | 7 16 | 4 44 | 14 31 | 15° 2′ | 13.4 | 11. 55 |
| 9 | Fr. | [German exile, *b.* 1782 | 7 14 | 4 46 | 14 32 | 14°43′ | 14.4 | morn. |
| 10 | Sa. | | 7 12 | 4 48 | 14 33 | 14°24′ | 15.4 | 0 39 |
| 11 | 𝕾 | Septuages. Sunday | 7 10 | 4 50 | 14 34 | 14° 4′ | 16.4 | 1 20 |
| 12 | M. | ☿ Great elong. 26°W. | 7 9 | 4 51 | 14 33 | 13°44′ | 17.4 | 2 0 |
| 13 | Tu. | Day increased 2h.2m. | 7 7 | 4 52 | 14 32 | 13°24′ | 18.4 | 2 39 |
| 14 | W. | Hunterian Orat. deliv. | 7 5 | 4 55 | 14 29 | 13° 4′ | 19.4 | 3 18 |
| 15 | Th. | C.T.V.Siebold *b.*1804 | 7 3 | 4 57 | 14 27 | 12°43′ | 20.4 | 3 59 |
| 16 | Fr. | R. Mead *d.* | 7 1 | 4 59 | 14 24 | 12°21′ | 21.4 | 4 42 |
| 17 | Sa. | Laennec *b.*1781 | 6 59 | 5 1 | 14 19 | 12° 2′ | 22.4 | 5 29 |
| 18 | 𝕾 | Sexagesima Sunday | 6 57 | 5 3 | 14 14 | 11°41′ | 23.4 | 6 20 |
| 19 | M. | L.of day 10h. 10m. | 6 55 | 5 5 | 14 9 | 11°19′ | 24.4 | 7 17 |
| 20 | Tu. | Goelis *d.* 1827 | 6 54 | 5 6 | 14 3 | 10°58′ | 25.4 | 8 17 |
| 21 | W. | Froriep *b.* 1804. | 6 52 | 5 8 | 13 56 | 10°36′ | 26.4 | 9 20 |
| 22 | Th. | Bordeu *b.* 1722 | 6 50 | 5 10 | 13 48 | 10°15′ | 27.4 | 10 23 |
| 23 | Fr. | Cam. Term divides | 6 48 | 5 12 | 13 40 | 9°53′ | 28.4 | 11 23 |
| 24 | Sa. | | 6 46 | 5 14 | 13 32 | 9°31′ | 29.4 | aftern. |
| 25 | 𝕾 | Shrove Sunday | 6 44 | 5 16 | 13 22 | 9° 8′ | 1.0 | 1 12 |
| 26 | M. | Day breaks, 4h. 48m. | 6 42 | 5 18 | 13 12 | 8°46′ | 2.0 | 2 3 |
| 27 | Tu. | Shrove Tuesday | 6 40 | 5 20 | 13 2 | 8°24′ | 3.0 | 2 53 |
| 28 | W. | Ash Wednesday | 6 38 | 5 22 | 12 51 | 8° 1′ | 4.0 | 3 44 |

*Observe.* The time mentioned is all mean or Clock time, except the Sun's rising and Setting: which, being solar time, requires to be corrected by the amount in the column headed "Equa. Time." —*Example*, Sun sets on the 17th of February at 5h. 1m. to which add 14m. 19s. "clock before Sun," for the time of Sun setting by watch, viz. 5h. 15m. 19s.

A.D. 1657 At the suggestion of *Sir Christopher Wren*, *Clarke*, *Boyle*, and *Henshaw*, injected medicines into the veins; their example was followed by *Lower*. The same effects were produced by drugs, as when taken internally.

1665 *Lower* performed transfusion on dogs at Oxford; he united the vertebral artery of one dog to the jugular vein of another (*De Corde.*) *King* repeated the experiment with venous blood before the Royal Society. *Fracassati* injected acrid substances, that proved fatal to almost all the animals.

1667 *Major* (1634-93), appears to have first performed transfusion on man; he received the blood in a sort of cupping-glass containing sal ammoniac to prevent coagulation. *Denys* (1666) injected the blood of a calf into a debilitated young man (age 16); the patient recovered. Lower and King, after having taken away a little blood from Coga, introduced a stream from the carotid of a sheep; he felt well after it. When double the quantity taken away was injected, the experiment was less successful. The man on whom transfusion had been performed by Denys and Emmerez, became mad and died, as did two more patients shortly after transfusion: which was consequently interdicted by the parliament of Paris and the Court of Rome.

1661 *Malpighi* (1628-94), with a microscope of moderate power, discovered the circulation in the mesenteric and pulmonary capillaries of frogs; and proved the direct communication of the arteries and veins. (*Ep. de pulmonibus. Opera.*)

1662 *Olaüs Borrich* (1626-90), demonstrated the communication of the cœliac artery, and *vena portæ*, by insufflation.

1663 *Stenon* described the muscular fibrous structure of the heart; the ancients believed it to be of a parenchymatous structure.

1669 *Lower* (1631-91), published his classical *Tractatus de Corde*; it contains many discoveries. A tubercle in the right auricle bears his name. The section and ligature of the pneumo-gastric render the action of the heart feeble, trembling. It would cease to beat instantly, but for the junction of this nerve with the intercostal forming the cardiac flexus. He reports several experiments instituted at the suggestion of *Robert Hook*, to show that the red colour of arterial blood is derived from a nitrous principle in the lungs.

1673-1681 *Cole*, of Bristol, remarked that the diameter of the branches of a vessel surpasses the diameter of the trunk; the blood flows more slowly in the small vessels.

1676 *Blancard* proved by injections, that the arteries anastomose with the veins.

1608-1679 *A. Borelli* attempted to calculate the laws of the circulation; and to reduce them to the ordinary laws of statics and hydraulics.

## MARCH XXXI Days. 1838.

### Moon's Aspects.

First Quar. 3 day 6h. 34m. morn.
Full Moon 11 day 8h. 39m. morn.
Last Quar. 19 day 6h. 31m. morn.

New Moon 25 day 9h. 44m. aft.
☽ Apogee 10 day 8h. morn.
☽ Perigee 25 day 1h. morn.

| Days of Month. | Wk. days. | Holidays, Sundays, and Medical Writers. | Sun rises. | Sun sets. | Equa. Time. Clock bef. sun. | Sun's Declination. | Moon's Age. Noon. | Moon's Southing. |
|---|---|---|---|---|---|---|---|---|
| | | | h. m. | h. m. | m. s. | south. | days. | h. m. |
| 1 | Th. | | 6 36 | 5 24 | 12 39 | 7° 38′ | 5.0 | aftern. |
| 2 | Fr. | D. breaks 4h. 42m. | 6 34 | 5 26 | 12 27 | 7° 15′ | 6.0 | 5 29 |
| 3 | Sa. | | 6 32 | 5 28 | 12 15 | 6° 52′ | 7.0 | 6 24 |
| 4 | 𝕾 | 1 Sunday in Lent | 6 30 | 5 30 | 12 1 | 6° 29′ | 8.0 | 7 19 |
| 5 | M. | Volta died 1827 | 6 28 | 5 32 | 11 48 | 6° 6′ | 9.0 | 8 13 |
| 6 | Tu. | Stromeyer *b.* 1804 | 6 26 | 5 34 | 11 34 | 5° 43′ | 10.0 | 9 4 |
| 7 | W. | D. increas. 3h. 28m. | 6 24 | 5 36 | 11 19 | 5° 20′ | 11.0 | 9 52 |
| 8 | Th. | Graefe *b.* 1787 | 6 22 | 5 38 | 11 4 | 4° 56′ | 12.0 | 10 37 |
| 9 | Fr. | Fontana *d.* 1805 | 6 20 | 5 40 | 10 49 | 4° 33′ | 13.0 | 11 19 |
| 10 | Sa. | L. of day 11h. 24m. | 6 18 | 5 42 | 10 33 | 4° 10′ | 14.0 | 12 0 |
| 11 | 𝕾 | 2 Sunday in Lent | 6 16 | 5 44 | 10 17 | 3° 46′ | 15.0 | morn. |
| 12 | M. | Bidloo *b.* 1649 | 6 14 | 5 46 | 10 1 | 3° 23′ | 16.0 | 0 39 |
| 13 | Tu. | Neumann *b.* 1775 | 6 12 | 5 48 | 9 45 | 2° 59′ | 17.0 | 1 18 |
| 14 | W. | | 6 10 | 5 50 | 9 28 | 2° 35′ | 18.0 | 1 58 |
| 15 | Th. | | 6 8 | 5 52 | 9 11 | 2° 12′ | 19.0 | 2 40 |
| 16 | Fr. | | 6 6 | 5 54 | 8 53 | 1° 48′ | 20.0 | 3 25 |
| 17 | Sa. | St. Patrick | 6 4 | 5 56 | 8 36 | 1° 24′ | 21.0 | 4 14 |
| 18 | 𝕾 | 3 Sunday in Lent | 6 2 | 5 58 | 8 18 | 1° 1′ | 22.0 | 5 8 |
| 19 | M. | D. breaks 4h. 4m. | 6 0 | 6 0 | 8 0 | 0° 37′ | 23.0 | 6 5 |
| 20 | Tu. | L. of day 12h. 4m. | 5 58 | 6 2 | 7 42 | 0° 13′s | 24.0 | 7 6 |
| 21 | W. | *Acad. Sci.* Paris 1816 | 5 56 | 6 4 | 7 24 | 0° 11′n | 25.0 | 8 6 |
| 22 | Th. | Goethe *d.* 1832 | 5 54 | 6 6 | 7 6 | 0° 34′ | 26.0 | 9 5 |
| 23 | Fr. | Ruysch *b.* 1638 | 5 52 | 6 8 | 6 47 | 0° 58′ | 27.0 | 10 1 |
| 24 | Sa. | Cesalpina *d.* 1603 | 5 50 | 6 10 | 6 29 | 1° 22′ | 28.0 | 10 55 |
| 25 | 𝕾 | 4 Sun. in L. L. Day | 5 49 | 6 11 | 6 11 | 1° 45′ | 29.0 | 11 47 |
| 26 | M. | D. increas. 4h. 42m. | 5 47 | 6 13 | 5 52 | 2° 9′ | 0.6 | aftern. |
| 27 | Tu. | Keill *b.* 1673, Edinb. | 5 45 | 6 15 | 5 34 | 2° 32′ | 1.6 | 1 29 |
| 28 | W. | Krüniz *b.* 1728, Berl. | 5 43 | 6 17 | 5 15 | 2° 56′ | 2.6 | 2 22 |
| 29 | Th. | Boyer *b.* 1760, Uzer. | 5 41 | 6 19 | 4 57 | 3° 19′ | 3.6 | 3 17 |
| 30 | Fr. | W. Hunter *d.* 1783 | 5 39 | 6 21 | 4 38 | 3° 42′ | 4.6 | 4 14 |
| 31 | Sa. | L. of day 12h. 46m. | 5 37 | 6 23 | 4 20 | 4° 6′ | 5.6 | 5 11 |

A.D. 1681 *Peyer* and *Harder* observed, that the heart beat after death, when air was injected into the thoracic duct, or the vena cava.

1687 *Moulin* ascertained that the blood discharged from the arteries is 1-20th of an animal's weight.

1690 *Leeuwenhoek*, of Delft, (1632-1723) discovered (1688) and described the capillary circulation in tadpoles, frogs'-feet, eels, and other fishes. He described the blood globules as flat oval, and composed of six small cones.—(*Opera*, 1722.)

1691 *Ruysch* (1638-1731), described the bronchial artery very accurately; and carried the art of injection to great perfection.

1697 *W. Cowper* perceived the arteries in the mesentery of the cat terminate in veins.

1736 *Haller* (born in Berne 1708, died 1777), published some valuable observations on the structure and motion of the heart.

1733 *Hales* (1678-1761), published many highly interesting experiments on the tension of the blood in the vessels (*Haemastatiks*): he maintained that the heart propels the blood in the veins.

*Weitbrecht* and *Gorter* held that there was a peculiar vital force on which the capillary circulation depended.

1749 *Senac's* (1693-1770.) Treatise of the action of the heart appeared.

1751 *Haller* explained the action of the heart by irritability; it is the most irritable part of the body. The blood is the exciting cause of irritability.

1751 *Robert Whytt*, an Edinburgh professor, (died 1766), maintained that a spiritual being—a soul—made the heart beat; and that the capillary circulation was independent of the heart.

1752 *Haller* pointed out the simultaneity of the elevation of the brain, and respiration; also the venous pulse.

## RESEARCHES INTO THE STRUCTURE AND FUNCTIONS OF THE LUNGS.

1654 *Bathurst* and *Henshaw* proved by experiments that the subtraction of oxygen renders the air irrespirable; *Hook* showed, before the Royal Society, that animals die in altered air, because it has lost its oxygen. *Boyle's* experiments on the elasticity of air, threw light on the theory of respiration. *Hook* removed the diaphragm and ribs from a dog, pricked the pleura with a penknife, and kept up a current of air, driven by bellows down the trachea, through the lungs. The lungs "were kept very full and without any motion. The dog lay still, his eyes being all the time very quick, and his heart beating very regularly: but upon ceasing this blast, the dog would immediately fall into dying convulsive fits."—(*Phil. Trans.*)

1661 *Malpighi* discovered that the interior of the lungs is composed

## Moon's Aspects.

First Quar. 1 day 9h. 33m. aft.
Full Moon 10 day 2h. 6m. morn.
Last Quar. 17day 3h. 30m. aft.

New Moon 24 day 7h. 0m. morn.
☽ Apogee 6 day 5h. aft.
☽ Perigee 22 day 8h. morn.

| Days of Month. | Wk. days. | Holidays, Sundays, and Medical Writers. | Sun rises. | Sun sets. | Equa. Time. Clock before sun. | Sun's Declination. | Moon's Age. Noon. | Moon's Southing. |
|---|---|---|---|---|---|---|---|---|
| | | | h. m. | h. m. | m. s. | north. | days. | h. m. |
| 1 | 𝕾 | 5 Sunday in Lent | 5 35 | 6 25 | 4 2 | 4° 29′ | 6.6 | aftern. |
| 2 | M. | D. breaks 3h. 30m. | 5 33 | 6 27 | 3 43 | 4° 52′ | 7.6 | 6 59 |
| 3 | Tu. | | 5 31 | 6 29 | 3 25 | 5° 15′ | 8.6 | 7 49 |
| 4 | W. | | 5 29 | 6 31 | 3 7 | 5° 38′ | 9.6 | 8 35 |
| 5 | Th. | D. increas. 5h. 22m. | 5 27 | 6 33 | 2 49 | 6° 1′ | 10.6 | 9 18 |
| 6 | Fr. | Cam. Term ends | 5 25 | 6 35 | 2 32 | 6° 24′ | 11.6 | 9 59 |
| 7 | Sa. | Oxf. Term ends | 5 23 | 6 37 | 2 14 | 6° 46′ | 12.6 | 10 38 |
| 8 | 𝕾 | Palm Sunday | 5 21 | 6 39 | 1 57 | 7° 9′ | 13.6 | 11 17 |
| 9 | M. | Roger Bacon *d.* 1294 | 5 19 | 6 41 | 1 40 | 7° 31′ | 14.6 | 11 57 |
| 10 | Tu. | L. of day 13h. 26m. | 5 17 | 6 43 | 1 23 | 7° 53′ | 15.6 | morn. |
| 11 | W. | | 5 15 | 6 45 | 1 6 | 8° 15′ | 16.6 | 0 39 |
| 12 | Th. | Maunday Thursday | 5 13 | 6 47 | 0 50 | 8° 37′ | 17.6 | 1 23 |
| 13 | Fr. | Good Friday | 5 11 | 6 49 | 0 34 | 8° 59′ | 18.6 | 2 11 |
| 14 | Sa. | | 5 9 | 6 51 | 0 19 | 9° 21′ | 19.6 | 3 4 |
| 15 | 𝕾 | Easter Day | 5 7 | 6 53 | 0 3 | 9° 42′ | 20.6 | 4 0 |
| 16 | M. | Easter Monday | 5 5 | 6 55 | after. | 10° 4′ | 21.6 | 4 58 |
| 17 | Tu. | Easter Tuesday | 5 4 | 6 56 | 0 26 | 10° 25′ | 22.6 | 5 58 |
| 18 | W. | J. H. B. Bauer *d.* 1835 | 5 2 | 6 58 | 0 40 | 10° 46′ | 23.6 | 6 55 |
| 19 | Th. | Day breaks 2h. 47m. | 5 0 | 7 0 | 0 54 | 11° 7′ | 24.6 | 7 51 |
| 20 | Fr. | D. increas. 6h. 20m. | 4 58 | 7 2 | 1 7 | 11° 28′ | 25.6 | 8 43 |
| 21 | Sa. | Univ. Moscw. f. 1754 | 4 56 | 7 4 | 1 20 | 11° 48′ | 26.6 | 9 34 |
| 22 | 𝕾 | Low Sunday | 4 54 | 7 6 | 1 32 | 12° 8′ | 27.6 | 10 24 |
| 23 | M. | | 4 52 | 7 8 | 1 44 | 12° 29′ | 28.6 | 11 14 |
| 24 | Tu. | Orfila *b.* 1787, Min. | 4 51 | 7 9 | 1 56 | 12° 48′ | 0.2 | aftern. |
| 25 | W. | Oxf. Cam. Terms beg. | 4 49 | 7 11 | 2 7 | 13° 8′ | 1.2 | 1 1 |
| 26 | Th. | L. of day 14h. 26m. | 4 47 | 7 13 | 2 17 | 13° 28′ | 2.2 | 1 59 |
| 27 | Fr. | | 4 45 | 7 15 | 2 27 | 13° 47′ | 3.2 | 2 56 |
| 28 | Sa. | | 4 43 | 7 17 | 2 37 | 14° 6′ | 4.2 | 3 54 |
| 29 | 𝕾 | 2 Sun. aft. Easter | 4 42 | 7 18 | 2 46 | 14° 25′ | 5.2 | 4 50 |
| 30 | M. | Himly *b.* 1772, Gott. | 4 40 | 7 20 | 2 54 | 14° 43′ | 6.2 | 5 42 |

A.D. of lobules, containing vesicles communicating with each other, and with the ramifications of the trachea ; that the vesicles are surrounded by capillaries.

1667 *Swammerdam*, by blowing into the trachea, filled the pulmonary vein and the left ventricle.

1668 *Mayow* (1645-1679), in his treatise on respiration, showed that oxygen is a part of the air ; and compared its action to combustion. It enters the blood through the lungs ; in combining with the saline sulphurous particles of the blood, it loses its elasticity, and strikes a red colour.—(*Opera*, 1681.)

*Borelli* described the mechanism of respiration ; he proved that the sternum is raised, the ribs rotated. All the air is not expelled in respiration.

1740 *B. Hoadley*, after dividing the intercostal muscles, saw the lungs continuing to move.

1744 *Boerhave* and *Haller*, proved, against the common belief, that there is no air in the pleura. *Lieberkühn* established the fact experimentally ; he opened the chest of dogs under water.

1755 *S. Aurivillius* assisted by *Haller*, ascertained the relation the diameter of the pulmonary artery bears to the diameter of the pulmonary veins ; it is as 6 to 5, or 12 to 11.

### THE LYMPHATIC VESSELS AND GLANDS.

1622 *Aselli* (died 1626), opened a dog to show the recurrent nerve ; the dog had eaten a short time previously, and innumerable, fine, white filaments were observed in the mesentery. He thought them nerves, but cut one accidentally, and a milky fluid flowed. They were the *lacteals*.

1628 The lacteals were seen in the body of a criminal by *Gassendi* and *Peiresc*.

Harvey maintained that the veins, not the lacteals, convey the nutritious matter from the intestines.

1629 *Mentel* (died 1671), saw the thoracic duct, towards which he contended the chyle flowed.

1641 *Morris Hoffman* and *Wirsung* discovered the pancreatic duct. The pancreas had been confounded with the mesentery.

1647 *Pecquet* (died 1674), discovered the course of the thoracic duct. He followed it to the subclavian vein, and found that it received the lymphatics and lacteals of the abdomen.

1651 *Olaüs Rudbeck* (1630-1702), distinguished the lymphatics from the lacteals ; in 1752, he demonstrated the lymphatics and the thoracic duct, in the presence of Christina of Sweden.

1652 *Bartholin* described lymphatics in the uterus and liver ; he contested the discovery of the lymphatics with Rudbeck.

1654 In the "*Messis Aurea*," of *Hemsterhuys*, *Rudbeck* published

# MAY XXXI Days. 1838.

## Moon's Aspects.

| | |
|---|---|
| First Quarter 1 day 2h. 5m. aft. | First Quarter 31day. 7h. 35m.mn. |
| Full Moon 9 day 4h. 57m. aft. | ☽ Apogee 4 day. 7h. morn. |
| Last Quarter 16 day 9h. 42m. aft. | ☽ Perigee 19 day 12h. night. |
| New Moon 23 day 4h. 23m. aft. | Apogee 31 day 12h. night. |

| Days of Month. | Wk. days. | Holidays, Sundays, and Medical Writers. | Sun rises. | Sun sets. | Equa. Time. Clock after sun. | Sun's Declination. | Moon's Age. Noon. | Moon's Southing. |
|---|---|---|---|---|---|---|---|---|
| | | | h. m. | h. m. | m. s. | north. | days. | h. m. |
| 1 | Tu. | Day breaks, 2h. 6m. | 4 38 | 7 22 | 3 2 | 15° 2′ | 7.2 | aftern. |
| 2 | W. | Hunter, (W.,)*b.* 1718 | 4 36 | 7 24 | 3 10 | 15° 20′ | 8.2 | 7 15 |
| 3 | Th. | Valisnieri *b.* 1661 | 4 34 | 7 26 | 3 17 | 15° 38′ | 9.2 | 7 56 |
| 4 | Fr. | Laplace *d.* 1827 | 4 33 | 7 27 | 3 23 | 15° 55′ | 10.2 | 8 36 |
| 5 | Sa. | Autenreith *b.* 1799 | 4 31 | 7 29 | 3 29 | 16° 12′ | 11.2 | 9 15 |
| 6 | 𝔖 | 3 Sunday after Easter | 4 29 | 7 31 | 3 34 | 16° 29′ | 12.2 | 9 54 |
| 7 | M. | Day increas. 7h. 20m. | 4 28 | 7 32 | 3 39 | 16° 46′ | 13.2 | 10 35 |
| 8 | Tu. | Lavoisier *d.* 1794 | 4 26 | 7 34 | 3 43 | 17° 3′ | 14.2 | 11 19 |
| 9 | W. | Banks *d.* 1820 | 4 24 | 7 36 | 3 47 | 17° 19′ | 15.2 | morn. |
| 10 | Th. | Easter Term ends | 4 23 | 7 37 | 3 50 | 17° 35′ | 16.2 | 0 7 |
| 11 | Fr. | Blumenbach *b.* 1752 | 4 21 | 7 39 | 3 53 | 17° 50′ | 17.2 | 0 58 |
| 12 | Sa. | Length of d. 15h. 21m. | 4 20 | 7 40 | 3 55 | 18° 6′ | 18.2 | 1 54 |
| 13 | 𝔖 | 4 Sunday after Easter | 4 18 | 7 42 | 3 56 | 18° 21′ | 19.2 | 2 53 |
| 14 | M. | ♀ great elon. W. 46° | 4 17 | 7 43 | 3 57 | 18° 35′ | 20.2 | 3 53 |
| 15 | Tu. | Rœderer*b.*1726 Stras. | 4 15 | 7 45 | 3 57 | 18° 50′ | 21.2 | 4 51 |
| 16 | W. | Kerandren *b.* 1769 | 4 13 | 7 47 | 3 56 | 19° 4′ | 22.2 | 5 46 |
| 17 | Th. | Jenner*b.*1749, Berkely | 4 12 | 7 48 | 3 55 | 19° 18′ | 23.2 | 6 38 |
| 18 | Fr. | Heberden *b.* 1710 | 4 11 | 7 49 | 3 54 | 19° 31′ | 24.2 | 7 28 |
| 19 | Sa. | Day breaks, 0h. 48m. | 4 9 | 7 51 | 3 52 | 19° 44′ | 25.2 | 8 16 |
| 20 | 𝔖 | Rogation Sunday.— | 4 8 | 7 52 | 3 49 | 19° 57′ | 26.2 | 9 5 |
| 21 | M. | [Otto *b.* 1795 | 4 6 | 7 54 | 3 46 | 20° 9′ | 27.2 | 9 55 |
| 22 | Tu. | Prss. Hom. *b.* | 4 5 | 7 55 | 3 42 | 20° 21′ | 28.2 | 10 47 |
| 23 | W. | Prss. Sophia *b.* | 4 4 | 7 56 | 3 37 | 20° 33′ | 29.2 | 11 42 |
| 24 | Th. | Q.Victoria*b.* T.T.beg. | 4 2 | 7 58 | 3 32 | 20° 45′ | 0.8 | aftern. |
| 25 | Fr. | D. increases 8h. 14m. | 4 1 | 7 59 | 3 27 | 20° 56′ | 1.8 | 1 39 |
| 26 | Sa. | Ettmuller *b.* 1644 | 4 0 | 8 0 | 3 21 | 21° 6′ | 2.8 | 2 37 |
| 27 | 𝔖 | Sunday after Ascen. | 3 59 | 8 1 | 3 15 | 21° 17′ | 3.8 | 3 32 |
| 28 | M. | Jahn of Meiningen *b.* | 3 58 | 8 2 | 3 8 | 21° 26′ | 4.8 | 4 22 |
| 29 | Tu. | K.Ch.II.restor. [1804 | 3 57 | 8 3 | 3 0 | 21° 36′ | 5.8 | 5 9 |
| 30 | W. | Length of day 3h. 9m. | 3 56 | 8 4 | 2 53 | 21° 45′ | 6.8 | 5 52 |
| 31 | Th. | Cam. T. div. noon | 3 55 | 8 5 | 2 44 | 21° 54′ | 7.8 | 6 32 |

A.D. 11 plates of the lymphatics of the lungs, liver, spleen, testicles, uterus, and other parts; he had carefully examined their valves.

*Glisson* (died 1677), described the lymphatics going from the liver.

1655 *Bartholin* wrote a severe reply to Riolan; he lowered the dignity of the liver, to which much had been ascribed, and wrote its epitaph, which concluded:—

"Abi. Sine. Jecore. Viator.
Bilemque. Hepati. Concede.
Ut. Sine. Bile. Bene.
Tibi. Coquas. Illi. Preceris."

1656 *Wharton* in his work (*Adenographia*,) described the structure of glands. The thymus contains an immense number of lymphatics; he first mentioned and represented the duct of the submaxillary gland.

1655 *Needham* showed the duct of the parotid gland to Glisson; to Willis, Lower, and Boyle, in 1659. *Stenon* discovered it in 1660.

1660 *Stenon* discovered the lachrymal duct in the ox; in 1661 he saw it in man.

1660 *Schneider* published seven volumes on the parts affected in coryza; he showed that the cribriform plate is impervious during life.

1660-1668 *Bils*, a Dutch gentleman, maintained that the chyle enters the liver: he enjoyed great reputation in preserving and dissecting bodies. The estates of Brabant paid him 22,000 florins for five bodies; which were kept at Louvain, and fell to pieces in a few weeks. He accused the professors of purposely placing them in a damp place.

*Peyer* and *Brunner* examined the intestinal glands carefully; Peyer found them accumulated in the ileum opposite the insertion of the mesentery, isolated in the large intestine. Brunner extirpated the pancreas in dogs, without destroying them.

1691 *Nuck*, in his classical Adenography, showed that the milk ducts of the breast have no valves; that 7-11 go to each nipple.

1664-1726 *Pacchioni* discovered the glands on the dura mater.—(*Diss.* 1721.)

1684 *Mery* perceived the glands on each side the bulb of the urethra; *W. Cowper* afterwards described them, and their secretory duct.

### THE NERVOUS SYSTEM.

1600 *Casserius* (1545-1616), *Spigelius*, *Sylvius*, *Wepfer*, (on the seat of apoplexy, 1658), described several parts of the brain. *Spi-*

# JUNE XXX Days.

## Moon's Aspects.

Full Moon 8 day 4h. 51m. morn.
LastQuarter 15day 2h.31m. morn.
New Moon 22 day 2h. 34m. morn.

First Quarter 30 day 1h. 12m. m.
☽ Perigee 14 day 1h. aft.
☽ Apogee 28 day 6h. aft.

| Days of Month. | Wk. days. | Holidays, Sundays, and Medical Writers. | Sun rises. | Sun sets. | Equa. Time. Clock aft. sun. | Sun's Declination. | Moon's Age. Noon. | Moon's Southing. |
|---|---|---|---|---|---|---|---|---|
| | | | h. m. | h. m. | m. s. | north | days. | h. m. |
| 1 | Fr. | All daylight or twilight | 3 54 | 8 6 | 2 36 | 22° 2′ | 8.8 | aftern. |
| 2 | Sa. | | 3 53 | 8 7 | 2 27 | 22° 11′ | 9.8 | 7 50 |
| 3 | 𝕾 | Whit Sunday | 3 52 | 8 8 | 2 17 | 22° 18′ | 10.8 | 8 31 |
| 4 | M. | | 3 50 | 8 10 | 2 8 | 22° 25′ | 11.8 | 9 13 |
| 5 | Tu. | Hildebrandt *b.* 1764 | 3 49 | 8 11 | 1 58 | 22° 32′ | 12.8 | 9 59 |
| 6 | W. | Oxford Term begins | 3 48 | 8 12 | 1 47 | 22° 39′ | 13.8 | 10 50 |
| 7 | Th. | Day increases 8h.40m. | 3 48 | 8 12 | 1 38 | 22° 45′ | 14.8 | 11 45 |
| 8 | Fr. | | 3 47 | 8 13 | 1 26 | 22° 51′ | 15.8 | morn. |
| 9 | Sa. | [ro *d.* 1767 | 3 47 | 8 13 | 1 14 | 22° 56′ | 16.8 | 0 44 |
| 10 | 𝕾 | TrinitySun. A. Mon- | 3 46 | 8 14 | 1 3 | 23° 1′ | 17.8 | 1 44 |
| 11 | M. | Platner *b.* 1744 | 3 45 | 8 15 | 0 51 | 23° 5′ | 18.8 | 2 44 |
| 12 | Tu. | Burdach, physiologt. *b.* | 3 45 | 8 15 | 0 39 | 23° 9′ | 19.8 | 3 42 |
| 13 | W. | Leng. of day 16h. 32m. | 3 44 | 8 16 | 0 27 | 23° 13′ | 20.8 | 4 35 |
| 14 | Th. | Cor. Ch. Tr. T. ends | 3 44 | 8 16 | 0 14 | 23° 16′ | 21.8 | 5 26 |
| 15 | Fr. | Fourcroy, 1755, Paris | 3 44 | 8 16 | 0 2 | 23° 19′ | 22.8 | 6 14 |
| 16 | Sa. | | 3 44 | 8 16 | before | 23° 22′ | 23.8 | 7 1 |
| 17 | 𝕾 | 1 Sunday after Trinity | 3 44 | 8 16 | 0 24 | 23° 24′ | 24.8 | 7 49 |
| 18 | M. | | 3 43 | 8 17 | 0 37 | 23° 25′ | 25.8 | 8 39 |
| 19 | Tu. | Day increas. 8h. 50m. | 3 43 | 8 17 | 0 50 | 23° 27′ | 26.8 | 9 32 |
| 20 | W. | Rolando *b.* 1773 | 3 43 | 8 17 | 1 3 | 23° 27′ | 27.8 | 10 28 |
| 21 | Th. | Longest Day | 3 43 | 8 17 | 1 16 | 23° 28′ | 28.8 | 11 26 |
| 22 | Fr. | | 3 43 | 8 17 | 1 29 | 23° 28′ | 0.4 | after. |
| 23 | Sa. | [E.H.Weber *b.* 1796 | 3 43 | 8 17 | 1 42 | 23° 27′ | 1.4 | 1 20 |
| 24 | 𝕾 | 2 Sunday after Trinity | 3 43 | 8 17 | 1 55 | 23° 26′ | 2.4 | 2 13 |
| 25 | M. | Len. of day 16h. 34m. | 3 43 | 8 17 | 2 8 | 23° 25′ | 3.4 | 3 2 |
| 26 | Tu. | | 3 44 | 8 16 | 2 21 | 23° 23′ | 4.4 | 3 46 |
| 27 | W. | ☽ ocl. ♃ 10h.29m.p.m. | 3 44 | 8 16 | 2 33 | 23° 21′ | 5.4 | 4 28 |
| 28 | Th. | | 3 44 | 8 16 | 2 46 | 23° 19′ | 6.4 | 5 7 |
| 29 | Fr. | Meibomius *b.* 1638 | 3 44 | 8 16 | 2 58 | 23° 16′ | 7.4 | 5 46 |
| 30 | Sa. | R. Wagner *b.* 1805. | 3 45 | 8 15 | 3 10 | 23° 13′ | 8.4 | 6 25 |

A.D. *gelius* added the olfactory to the seven pairs of nerves admitted by the ancients. *T. Willis* (*Cerebri Anatome*, 1664), represented in his plates the fornix, the corpora striata, the corpora albicantia, the plexus choroides; the *circle of Willis:* the fifth, the eighth pair of nerves and the accessory. *Malpighi* showed that the cortical substance of the brain is fibrous. According to *Leeuwenhoek*, the brain is composed of globules; but he afterwards discovered fibres. *Vieussens* (*Neurographia Universalis*, 1684), made many important additions to the anatomy of the brain. He first mentioned the olivary and pyramidal eminences. *Newton* (*Optice*) introduced the theory of nervous vibrations. *Pacchioni* and *Baglivi* imagined that the dura mater contracted.

1664-71 *Petit* endeavoured to show that the nervous fibres cross in the middle of the brain; he had seen them crossing in the medulla oblongata. *Boerhave* held (1726), that the cortical substance of the brain is glandular. *Haller* (*E. Physiologiæ*), proved that the dura mater is insensible; that the nerves do not contract.

1713-74 *J. F. Meckel* described the distribution of the fifth pair of nerves, the facial, and the ganglia, with great clearness.

## THE ORGANS OF SENSE.

1611 *Kepler* (1571-1630), observed that the anterior and posterior parts of the crystalline lens, represent segments of different spheres. The lens was considered the seat of vision; *Kepler* showed that it refracted the rays of light, and admitted that images were represented on the retina.

1619 *Scheiner*, a Jesuit, removed the anterior coats of an ox's eye, and showed the image of objects on the retina. He calculated the different refractions of light in the different parts of the eye.

1668 *Mariotte*, by an ingenious experiment, proved that when an image falls upon the insertion of the optic nerve the object is not visible.

1672 *Newton* discovered the variable refrangibility of rays of light. The rays of light excite vibrations in the retina propagated to the brain.—(*Optics quæst*, 12.)

*Ruysch* described the *internal lamina* of the choroid; the ciliary nerves, and processes. *Leeuwenhoek* examined the *fibrous layers* of the lens.

1706 *Brisseau* showed after *Lasnier*, that the crystalline lens is the seat of cataract. *Pemberton* (1719) contended that the lens is muscular, and contracts—the theory, *Young* imagined he had invented.—(*Phil. Trans.* 1793.)

1737 *Albinus* (1696-1770), discovered the *membrana pupillaris* in

# JULY XXXI DAYS. 1838.

## Moon's Aspects.

| | |
|---|---|
| Full Moon 7 day 2h. 19m. aft. | First Quarter 29 day 5h. 55m. aft. |
| Last Quarter 14 day 7h. 20m. mo. | ☽ Perigee 10 day 6h. aft. |
| New Moon 21 day 2h. 22m. aft. | ☽ Apogee 26 day 1h. aft. |

| Days of Month. | Wk. days. | HOLIDAYS, SUNDAYS, AND MEDICAL WRITERS. | Sun rises. | Sun sets. | Equa. Time. Clock bef. sun. | Sun's Declination. | Moon's Age. Noon. | Moon's Southing. |
|---|---|---|---|---|---|---|---|---|
| | | | h. m. | h. m. | m. | north. | days | h. m. |
| 1 | 𝕲 | 3 Sund. after Trin. | 3 45 | 8 15 | 3 22 | 23° 9′ | 9.4 | aftern. |
| 2 | M. | All daylight [Cb.Cm. | 3 46 | 8 14 | 3 33 | 23° 5′ | 10.4 | 7 50 |
| 3 | Tu. | Dog d. begin. Ox.A. | 3 46 | 8 14 | 3 45 | 23° 0′ | 11.4 | 8 38 |
| 4 | W. | G.R.Treviranus*b*.1776 | 3 47 | 8 13 | 3 56 | 22° 55′ | 12.4 | 9 31 |
| 5 | Th. | | 3 47 | 8 13 | 4 6 | 22° 50′ | 13.4 | 10 29 |
| 6 | Fr. | Camb. Term ends | 3 48 | 8 12 | 4 17 | 22° 44′ | 14.4 | 11 30 |
| 7 | Sa. | Oxford Term ends | 3 48 | 8 12 | 4 26 | 22° 38′ | 15.4 | morn. |
| 8 | 𝕲 | 4 Sund. after Trin. | 3 49 | 8 11 | 4 36 | 22° 32′ | 16.4 | 0 32 |
| 9 | M. | [tineofBerne*b*.1810 | 3 50 | 8 10 | 4 45 | 22° 35′ | 17.4 | 1 32 |
| 10 | Tu. | D.dec.0h.16m. Valen- | 3 51 | 8 9 | 4 54 | 22° 17′ | 18.4 | 2 28 |
| 11 | W. | Wallerius*b*.1709 Swe- | 3 52 | 8 8 | 5 2 | 22° 10′ | 19.4 | 3 21 |
| 12 | Th. | [den | 3 53 | 8 7 | 5 10 | 22° 2′ | 20.4 | 4 11 |
| 13 | Fr. | L. of day 16h. 12m. | 3 54 | 8 6 | 5 18 | 21° 53′ | 21.4 | 4 59 |
| 14 | Sa. | John Müller *b*. 1801 | 3 55 | 8 5 | 5 25 | 21° 44′ | 22.4 | 5 47 |
| 15 | 𝕲 | 5 Sund. after Trin. | 3 56 | 8 4 | 5 32 | 21° 35′ | 23.4 | 6 36 |
| 16 | M. | | 3 57 | 8 3 | 5 38 | 21° 26′ | 24.4 | 7 28 |
| 17 | Tu. | Prochaska *d*. 1820 | 3 58 | 8 2 | 5 43 | 21° 16′ | 25.4 | 8 22 |
| 18 | W. | Hufeland *b*. 1774 | 3 59 | 8 1 | 5 49 | 21° 5′ | 26.4 | 9 18 |
| 19 | Th. | Day decreas. 0h. 34m. | 4 0 | 8 0 | 5 53 | 20° 55′ | 27.4 | 10 15 |
| 20 | Fr. | Bohnius*b*. Leips. | 4 1 | 7 59 | 5 57 | 20° 44′ | 28.4 | 11 12 |
| 21 | Sa. | | 4 2 | 7 58 | 6 1 | 20° 33′ | 29.4 | aftern. |
| 22 | 𝕲 | 6 Sund. after Trin. | 4 4 | 7 56 | 6 4 | 20° 21 | 0.9 | 0 55 |
| 23 | M. | | 4 5 | 7 55 | 6 6 | 20° 9′ | 1.9 | 1 41 |
| 24 | Tu. | | 4 7 | 7 53 | 6 8 | 19° 56′ | 2.9 | 2 24 |
| 25 | W. | D. breaks 0h. 45m. | 4 8 | 7 52 | 6 9 | 19° 44′ | 3.9 | 3 4 |
| 26 | Th. | L. of day 15h. 41m. | 4 9 | 7 51 | 6 10 | 19° 31′ | 4.9 | 3 43 |
| 27 | Fr. | Brandes*b*.1777,Leips. | 4 11 | 7 49 | 6 10 | 19° 17′ | 5.9 | 4 22 |
| 28 | Sa. | | 4 12 | 7 48 | 6 10 | 19° 4′ | 6.9 | 5 1 |
| 29 | 𝕲 | 7 Sun. after Trin. | 4 14 | 7 46 | 6 8 | 18° 50′ | 7.9 | 5 43 |
| 30 | M. | Graaf *b*.1641, Schoon- | 4 15 | 7 45 | 6 7 | 18° 35′ | 8.9 | 6 29 |
| 31 | Tu. | [haven | 4 17 | 7 43 | 6 4 | 18° 21′ | 9.9 | 7 9 |

A.D. man, and the artery of the lens. *Porterfield* wrote a work on the eye (1759), only surpassed by that of *Zinn*, (1753.)

1600 *Casserius* carefully described the muscles of the ear; he observed the external and internal muscles of the *malleus;* discovered the external. *Perrault*, *Mery*, *Duverney*, *Vieussens*, *Valsalva*, *Cassebohm*, described the small bones of the ear, the semicircular canals, the distribution of the auditory nerve, the fluid of the labyrinth.

### OF GENERATION.

*Harvey* lost many papers in his flight with Charles I., and determined not to publish the work *De Generatione Animale; Ent* procured it from him by stratagem.

*Harvey* proved that all animals originate in eggs; but contradicts this statement in speaking of the metamorphoses of living matter. The white and yolk of egg are mixed in the ovary; the white spot of the yolk (cicatricula) is the point of fecundation. He founded the system of evolution. There is no direct communication between the egg and the uterus.

1651 *Highmore* described (1651) the epididymis, and the junction of the seminiferous ducts in the *corpus Highmorianum.* *Graaf* (1641-73), observed that the epididymis may be unrolled so as to form a vessel five ells long; he described the prostate accurately, and the *vesiculæ seminales.* He found that coition is followed by the development of peculiar yellow bodies in the ovaries; (previously called testicles;) and described the development of the embryo. *Malpighi* (*De ovo incubato* 1686), successfully employed the microscope in studying the development of the egg. *Redi* (1626-97) demonstrated that worms and larvæ are never developed when flies have not access. *Perrault* revived the theory of *panspermia;* he admitted that the vital elements are diffused through nature, and are developed whenever favourable circumstances concur. *Stenon* confirmed the view of Malpighi respecting the muscularity of the uterus.

*Ruysch* discovered the external villous membrane of the human ovum.

1677 *Hammen*, a student at Leyden, first pointed out spermatic animalcules to *Leeuwenhoek;* who described them as males and females in all animals; and carried his researches even to the semen of lice. (Sprengel calls this romantic.) He founded on these facts the supposition that the germs pre-exist. *Hortsoeker* and *Plantade* represented the animalcules as homunculi. Vallisnieri ridiculed and refuted the theory of pre-existing germs; he makes the *homunculi* exclaim with the spirits in Dante—

> "Non v'accorgete voi, che noi siam vermi
> Nati a formar l'angelica farfalla?"

# AUGUST XXXI Days.

## Moon's Aspects.

Full Moon 5 day 10h. 25m. even.
Last Quarter 12 day 1h. 28m. aft.
New Moon 20 day 4h. 26m. mn.

First Quarter 28 day 8h. 55m. mn.
☽ Perigee 7 day 3h. aft.
☽ Apogee 23 day 2h. morn.

| Days of Month. | Wk. days. | Holidays, Sundays, and Medical Writers. | Sun rises. | Sun sets. | Equa. Time. Clock before sun. | Sun's Declination. | Moon's Age. Noon. | Moon's Southing. |
|---|---|---|---|---|---|---|---|---|
| | | | m. h. | h. m. | m. s. | north. | days. | h. m |
| 1 | W. | Lammas day | 4 18 | 7 42 | 6 1 | 18° 6′ | 10.9 | aftern. |
| 2 | Th. | Day breaks, 1h. 27m. | 4 20 | 7 40 | 5 57 | 17° 51′ | 11.9 | 9 12 |
| 3 | Fr. | Jaeger *b.* 1786 | 4 21 | 7 39 | 5 53 | 17° 35′ | 12.9 | 10 14 |
| 4 | Sa. | K. Hansen *b.* 1775 | 4 23 | 7 37 | 5 48 | 17° 19′ | 13.9 | 11 16 |
| 5 | 𝔊 | 8 Sun. after Trin. | 4 24 | 7 36 | 5 43 | 17° 3′ | 14.9 | morn. |
| 6 | M. | Woollaston, H., *b.* 1775 | 4 26 | 7 34 | 5 37 | 16° 47′ | 15.9 | 0 15 |
| 7 | Tu. | D. decreases 1h. 30m. | 4 28 | 7 32 | 5 30 | 16° 30′ | 16.9 | 1 10 |
| 8 | W. | Gmelin *b.* 1748, Tu- | 4 30 | 7 30 | 5 23 | 16° 14′ | 17.9 | 2 3 |
| 9 | Th. | [bingen | 4 31 | 7 29 | 5 15 | 15° 56′ | 18.9 | 2 53 |
| 10 | Fr. | L. of day 14h. 54m. | 4 33 | 7 27 | 5 7 | 15° 39′ | 19.9 | 3 43 |
| 11 | Sa. | Mead *b.* 1673, Stepn. | 4 34 | 7 26 | 4 58 | 15° 21′ | 20.9 | 4 32 |
| 12 | 𝔊 | 9 Sun. after Trin. | 4 36 | 7 24 | 4 48 | 15° 4′ | 21.9 | 5 24 |
| 13 | M. | Queen Adelaide *b.* | 4 38 | 7 22 | 4 38 | 14° 45′ | 22.9 | 6 18 |
| 14 | Tu. | D. breaks, 2h. 12m. | 4 40 | 7 20 | 4 28 | 14° 27′ | 23.9 | 7 13 |
| 15 | W. | | 4 41 | 7 19 | 4 16 | 14° 9′ | 24.9 | 8 10 |
| 16 | Th. | Lavoisier *b.* 1743, Par. | 4 43 | 7 17 | 4 5 | 13° 50′ | 25.9 | 9 6 |
| 17 | Fr. | Duchs. Kent *b.* | 4 45 | 7 15 | 3 53 | 13° 31′ | 26.9 | 10 0 |
| 18 | Sa. | Bayle *b.* 1774, Prov. | 4 47 | 7 13 | 3 40 | 13° 11′ | 27.9 | 10 51 |
| 19 | 𝔊 | 10 Sun. after Trin. | 4 49 | 7 11 | 3 27 | 12° 52′ | 28.9 | 11 38 |
| 20 | M. | D. decreases 2h. 16m. | 4 50 | 7 10 | 3 13 | 12° 32′ | 0.3 | aftern. |
| 21 | Tu. | | 4 52 | 7 8 | 2 59 | 12° 12′ | 1.3 | 1 2 |
| 22 | W. | Gall *d.* 1828 | 4 54 | 7 6 | 2 45 | 11° 52′ | 2.3 | 1 41 |
| 23 | Th. | Sir A. Cooper *b.* 1768 | 4 56 | 7 4 | 2 30 | 11° 32′ | 3.3 | 2 20 |
| 24 | Fr. | Horn, E., *b.* 1772 | 4 58 | 7 2 | 2 14 | 11° 12′ | 4.3 | 2 59 |
| 25 | Sa. | L. of day 14h. | 5 0 | 7 0 | 1 58 | 10° 51′ | 5.3 | 3 40 |
| 26 | 𝔊 | 11 Sun. after Trin. | 5 2 | 6 58 | 1 42 | 10° 30′ | 6.3 | 4 23 |
| 27 | M. | Schwediaur *d.* 1824 | 5 3 | 6 57 | 1 25 | 10° 9′ | 7.3 | 5 10 |
| 28 | Tu. | Goethe *b.* 1749 | 5 5 | 6 55 | 1 8 | 9° 48′ | 8.3 | 6 1 |
| 29 | W. | [Frankfort | 5 7 | 6 53 | 0 51 | 9° 27′ | 6.3 | 6 57 |
| 30 | Th. | Hartley *b.* 1705, Arns. | 5 9 | 6 51 | 0 33 | 9° 5′ | 10.3 | 7 56 |
| 31 | Fr. | Martini *b.* 1729 | 5 11 | 6 49 | 0 15 | 8° 44′ | 11.3 | 8 57 |

A.D. He considers them parasites; and has seen them in mucus from the vagina. [*Query:* the ciliated bodies discovered by Henle?] The germ of the embryo exists in the ova of frogs before fecundation.

*Leibnitz* requested *Valisnieri* (1661-1721), to write a work on the human soul: he prudently declined.

1754 *Monro,* secundus, injected the seminiferous duct; *W. Hunter* said he had injected mercury, in 1752, into the testicle. *Haller,* however, had explained this process in a memoir sent to the Royal Society in 1749. *Haller* described the organs of generation, and the development of the ovum, more accurately than they had been described before.—(*Opera minora.*)

1746 *Maupertuis* explained generation by a chemical affinity between the generative elements of the semen.

1769 *Buffon* examined the spermatic animalcules of an infinite number of animals with *T. Needham.* He declared that they were not animals, but organic molecules whose junction gave rise to reproduction.

## CIRCUMSTANCES FAVOURABLE TO THE PROGRESS OF ANATOMY AND PHYSIOLOGY.

The universities organised in the middle ages were ill calculated to promote experimental science; Venice refused to supply the funds required to support Padua, and disgusted Vesling, who went to Egypt. Anatomy was as little studied in the German as in the English universities; professors disputed whether the human heart was in the middle or on the left side. A pig was killed to decide the question; and the sick Margrave of Baden Durlack was thus convinced, ocularly and analogically, that his heart was on the left side.

The *Academy* of the Lincei, founded (1603) by Prince Cesi; the *Royal Society* of *London*, established (1660) by *Sir Christopher Wren;* the *Acad. Natur. Curios.* (1652); the *Academy of Paris,* founded (1665) by the great *Colbert,* gave a new impulse to the sciences. *Christopher Wren, Willis, Wallis, Bathurst, Goddart,* and the other founders of the Royal Society, assembled at Oxford, in the house of Wilkins, till 1658; the members dispersed, and the Royal Society of London was founded in 1660. *Comparative Anatomy* was cultivated; *S. Collins* gave a complete system in 1685 with *Tynson.* *Pathological Anatomy* was founded by the *Sepulchretum* of *Bonnet* (1620-89); and the imperishable work of *Morgagni de Sedibus et Causis Morborum.* The application of the *microscope* greatly promoted the progress of anatomy and physiology. Convex glasses had been used; *Drebbel* and *Jansen* constructed the first microscopes. *Malpighi*

## Moon's Aspects.

Full Moon 4 day 6h. 18m. morn.
Last Quarter 10 day 10h. 9m. even.
New Moon 18 day 8h. 45m. aft.

First Quarter 26 day 9h. 53m. aft.
☽ Perigee 4 day 10h. aft.
☽ Apogee 19 day 10h. morn.

| Days of Month. | Wk. days | Holidays, Sundays, and Medical Writers. | Sun rises. | Sun sets. | Equa. Time. Clock aft. sun. | Sun's Declination. | Moon's Age. Noon. | Moon's Southing. |
|---|---|---|---|---|---|---|---|---|
| | | | h. m. | h. m. | m. s. | north. | days. | h. m. |
| 1 | Sa. | Day breaks, 3h. 7m. | 5 13 | 6 47 | 0 4 | 8° 22′ | 12.3 | aftern. |
| 2 | 𝔊 | 12 Sun. after Trin. | 5 15 | 6 45 | 0 23 | 8° 0′ | 13.3 | 10 54 |
| 3 | M. | Jonston *b.* 1603, Posen | 5 17 | 6 43 | 0 42 | 7° 38′ | 14.3 | 11 48 |
| 4 | Tu. | Briggs *d.* 1704, Norw. | 5 19 | 6 41 | 1 1 | 7° 16′ | 15.3 | morn. |
| 5 | W. | Haen *d.* 1776, Vienna | 5 20 | 6 40 | 1 21 | 6° 54′ | 16.3 | 0 41 |
| 6 | Th. | Le Cat *b.* 1700 | 5 22 | 6 38 | 1 41 | 6° 32′ | 17.3 | 1 32 |
| 7 | Fr. | Day decreas. 3h. 22m. | 5 24 | 6 36 | 2 1 | 6° 9′ | 18.3 | 2 23 |
| 8 | Sa. | Pallas *d.* 1781 | 5 26 | 6 34 | 2 21 | 5° 47′ | 19.3 | 3 16 |
| 9 | 𝔊 | 13 Sunday after Trin. | 5 28 | 6 32 | 2 42 | 5° 24′ | 20.3 | 4 10 |
| 10 | M. | Length of day 13 hours | 5 30 | 6 30 | 3 2 | 5° 1′ | 21.3 | 5 7 |
| 11 | Tu. | | 5 32 | 6 28 | 3 23 | 4° 39′ | 22.3 | 6 5 |
| 12 | W. | Shenck *d.* 1598, Frib. | 5 34 | 6 26 | 3 44 | 4° 16′ | 23.3 | 7 2 |
| 13 | Th. | Day breaks, 3h. 37m. | 5 36 | 6 24 | 4 5 | 3° 53′ | 24.3 | 7 57 |
| 14 | Fr. | | 5 38 | 6 22 | 4 26 | 3° 30′ | 25.3 | 8 48 |
| 15 | Sa. | Poissonier *d.* 1798 | 5 40 | 6 20 | 4 47 | 3° 7′ | 26.3 | 9 36 |
| 16 | 𝔊 | 14 Sunday after Trin. | 5 42 | 6 18 | 5 8 | 2° 43′ | 27.3 | 10 20 |
| 17 | M. | Fuller *d.* 1734 | 5 44 | 6 16 | 5 29 | 2° 20′ | 28.3 | 11 2 |
| 18 | Tu. | Wells *d.* 1817, London | 5 46 | 6 14 | 5 50 | 1° 57′ | 29.3 | 11 41 |
| 19 | W. | L. of day 12h. 24m. | 5 48 | 6 12 | 6 11 | 1° 34′ | 0.6 | aftern. |
| 20 | Th. | B. de Jussieu *d.* 1777 | 5 50 | 6 10 | 6 32 | 1° 10′ | 1.6 | 0 58 |
| 21 | Fr. | | 5 52 | 6 8 | 6 52 | 0° 47′ | 2.6 | 1 39 |
| 22 | Sa. | Pallas *b.* 1741, Berlin | 5 54 | 6 6 | 7 13 | 0° 24′ | 3.6 | 2 21 |
| 23 | 𝔊 | 15 Sunday after Trin. | 5 56 | 6 4 | 7 34 | 0° 7′N | 4.6 | 3 6 |
| 24 | M. | Paracelsus *d.* 1541 | 5 58 | 6 2 | 7 55 | 0° 23′S | 5.6 | 3 55 |
| 25 | Tu. | Day breaks, 4h. 51m. | 6 0 | 6 0 | 8 15 | 0° 47′ | 6.6 | 4 48 |
| 26 | W. | Fothergill *d.* 1780 | 6 1 | 5 59 | 8 36 | 1° 10′ | 7.6 | 5 45 |
| 27 | Th. | Guglielmi *b.* 1655 | 6 3 | 5 57 | 8 56 | 1° 34′ | 8.6 | 6 43 |
| 28 | Fr. | Mayerne *b.* 1573 | 6 5 | 5 55 | 9 16 | 1° 57′ | 9.6 | 7 41 |
| 29 | Sa. | St Michael | 6 7 | 5 53 | 9 36 | 2° 20′ | 10.6 | 8 38 |
| 30 | 𝔊 | 16 Sun. after Trin. | 6 9 | 5 51 | 9 55 | 2° 44′ | 11.6 | 9 32 |

A.D. appears to have only employed glasses. The talented *Hook* (1635-1702) improved microscopes exceedingly. London naturalists employed the micrometer extensively in 1680; it is said to have been invented by Gascoigne in 1640. *H. Power*, (*Exp. Philosophy*, 1660,) *Merys*, but particularly *Leeuwenhoek*, and the inventor of the solar microscope, *Lieberkühn*, (1711-46,) contributed to the progress of microscopic anatmony. Chemical reagents and the microscope were combined in studying the bones by *Gagliardi.*

### CHEMICAL SCHOOLS OF THE SEVENTEENTH CENTURY.

1600 SPIRITUALISTS AND FANATICS.—*Campanella, Maxwell, Rudiger*, were eclipsed by *Robert Fludd* (1574-1637), the oracle of the Rose Cross Society. He invented a barometer before Toricelli. *Kenelm Digby* (1603-65) cured wounds with the powder of sympathy; he read a paper at Montpellier, on the subject, translated into English by White, 1668. He taught the doctrine of the transmutation of metals; and sought a remedy to prolong life eternally.

*Eclectics.—Sala* succeeded *Libavius* in endeavouring to steer a middle path; he recommended glass of antimony in several diseases; and discovered that sal ammoniac is a volatile alkali and muriatic acid. The learned *Sennert* (1572-1637) was the most celebrated of the eclectics.—(*Opera*, 1650.)

1577-644 *System of Vanhelmont.—Vanhelmont* ascribed all organic processes to a conscious soul, an *ενορμον*, an *archy* acting by a fermentation; the shivering in fever is a symptom of its fear, the heat of its rage. He derived all substances from water: distinguished carbonic acid gas, that puts out flame, from inflammable hydrogen. He made the stomach the seat of intellect. The stomach and spleen form a dunmvirate; they are the special seat of fever. Digestion is performed at the orders of the archy, by an acid fluid that he had tasted in birds. The acid is neutralised by bile. Heat does not promote digestion; for this is not performed better in fever than in cold fishes. The Fæces are not bitter to the taste, as he ascertained from numerous experiments. Disease is not a negative state, not the privation of health, but active, substantial. He ascertained chemically, that urinary calculi differ from inorganic stones. Like the tartar from wine, they are precipitated from the urine. Inflammation is caused by an irritation(spina)attracting the blood. There is a universal remedy; mercurials, antimonials, opium, and wine, are agreeable to the delirious archy in fevers. He recommended calomel (*diaphoretic mercury*) in fevers, dropsies, diseases of the liver. Opium strengthens and soothes. There

## Moon's Aspects.

| | |
|---|---|
| Full Moon 3 day 2h. 46m. aft. | ☽ Perigee 3 day 10h. morn. |
| Last Quarter 10 d. 10h. 25m. mn. | ☽ Apogee 16 day at noon. |
| New Moon 18 day 2h. 25m. aft. | ☽ Perigee 31 day 8h. aft. |
| First Quarter 26d. 8h. 58m. morn. | |

| Days of Month. | Wk. days. | HOLIDAYS, SUNDAYS, AND MEDICAL WRITERS. | Sun rises. | Sun sets. | Equa. Time. Clock aft. sun | Sun's Declination. | Moon's Age Noon. | Moon's Southing. |
|---|---|---|---|---|---|---|---|---|
| | | | h. m. | h. m. | m. s. | south. | days. | h. m. |
| 1 | M. | Day breaks, 4h. 18m. | 6 11 | 5 49 | 10 14 | 3° 7′ | 12.6 | aftern. |
| 2 | Tu. | | 6 13 | 5 47 | 10 33 | 3°30′ | 13.6 | 11 16 |
| 3 | W. | Denis *d.* 1704, Paris | 6 15 | 5 45 | 10 52 | 3°54′ | 14.6 | morn. |
| 4 | Th. | ☿ Gt. elon. 18° W. | 6 17 | 5 43 | 11 11 | 4°17′ | 15.6 | 0 8 |
| 5 | Fr. | Oppenheim *b.* 1799. | 6 19 | 5 41 | 11 29 | 4°40′ | 16.6 | 1 1 |
| 6 | Sa. | Len. of day 10h. 18m. | 6 21 | 5 39 | 11 46 | 5° 3′ | 17.6 | 1 56 |
| 7 | 𝕾 | 17 Sund. aft. Trinity. | 6 23 | 5 37 | 12 4 | 5°26′ | 18.6 | 2 54 |
| 8 | M. | Blackmore *d.* 1729. | 6 25 | 5 35 | 12 20 | 5°49′ | 19.6 | 3 54 |
| 9 | Tu. | Fallopia *d.* 1562. | 6 27 | 5 33 | 12 37 | 6°12′ | 20.6 | 4 53 |
| 10 | W. | Ox. & Camb. Tr. beg. | 6 29 | 5 31 | 12 53 | 6°35′ | 21.6 | 5 51 |
| 11 | Th. | Sabbatier *b.* 1732. Par. | 6 31 | 5 29 | 13 8 | 6°58′ | 22.6 | 6 44 |
| 12 | Fr. | Stoll *b.* 1742, Swabia. | 6 33 | 5 27 | 13 23 | 7°20′ | 23.6 | 7 34 |
| 13 | Sa. | Day decrease 5h. 44m. | 6 35 | 5 25 | 13 38 | 7°43′ | 24.6 | 8 19 |
| 14 | 𝕾 | 18 Sund. aft. Trinity. | 6 37 | 5 23 | 13 52 | 8° 5′ | 25.6 | 9 1 |
| 15 | M. | Vesalius *d.* 1564. | 6 39 | 5 21 | 14 5 | 8°28′ | 26.6 | 9 41 |
| 16 | Tu. | John Hunter *d.* 1793. | 6 41 | 5 19 | 14 18 | 8°50′ | 27.6 | 10 19 |
| 17 | W. | Purkinje *b.* 1790. | 6 42 | 5 18 | 14 30 | 9°12′ | 28.6 | 10 58 |
| 18 | Th. | | 6 44 | 5 16 | 14 42 | 9°35′ | 29.6 | 11 38 |
| 19 | Fr | L. of day 10h. 28m. | 6 46 | 5 14 | 14 53 | 9°56′ | 0.9 | aftern. |
| 20 | Sa | Pitcairne *d.* 1813. | 6 48 | 5 12 | 15 3 | 10°18′ | 1.9 | 1 4 |
| 21 | 𝕾 | 19 Sund. aft. Trinity. | 6 50 | 5 10 | 15 13 | 10°39′ | 2.9 | 1 52 |
| 22 | M. | Marcet *d.* 1821, Lond. | 6 52 | 5 8 | 15 22 | 11° 1′ | 3.9 | 2 44 |
| 23 | Tu. | [Delft. | 6 54 | 5 6 | 15 31 | 11°22′ | 4.9 | 3 39 |
| 24 | W. | Leeuwenhoek *b.* 1632 | 6 56 | 5 4 | 15 38 | 11°43′ | 5.9 | 4 35 |
| 25 | Th. | Day breaks, 5h. 6m. | 6 58 | 5 2 | 15 45 | 12° 4′ | 6.9 | 5 32 |
| 26 | Fr | Day decreas. 6h. 34m. | 7 0 | 5 0 | 15 52 | 12°24′ | 7.9 | 6 27 |
| 27 | Sa. | Baillie *b.* 1761, Italy. | 7 2 | 4 58 | 15 58 | 12°45′ | 8.9 | 7 21 |
| 28 | 𝕾 | 20 Sund. aft. Trinity. | 7 3 | 4 57 | 16 2 | 13° 5′ | 9.9 | 8 12 |
| 29 | M. | | 7 5 | 4 55 | 16 7 | 13°25′ | 10.9 | 9 2 |
| 30 | Tu. | Scarpa *d.* 1832. | 7 7 | 4 53 | 16 10 | 13°46′ | 11.9 | 9 52 |
| 31 | W. | J. F. Meckel *d.* 1833 | 7 9 | 4 51 | 16 13 | 14° 5′ | 12.9 | 10 44 |

A.D. is an acid in gout; but it is a result, and must not be looked to in the treatment. He demonstrated the evils of blood-letting.

*Van Helmont* was a Brabant noble; he was born 1577; and studied at Louvain; but reflecting on the futility of scholastic titles, refused all academical honours. He joined the Jesuits, and was disgusted; Thomas à Kempis fell into his hands, and he resolved to imitate the humility of Jesus Christ; gave up his fortune and titles and was amply rewarded by the appearance of a genius in all the important circumstances of his life. In 1633, he saw his own soul in the form of a bright crystal. To imitate the beneficence of Christ, he practised medicine, and studied the ancient Greek writers. But having caught itch from putting on the gloves of a young girl, and the Galenists not being able to cure him, he determined on effecting medical reform. He took the degree of M.D. in 1599, and travelled extensively; retired at last to Vilvorde, his family patrimony, and never left the laboratory till he died, aged 67.

1596-650 *System of Descartes.—Réné Descartes* was born in Touraine, in 1596, and died in Stockholm, 1650. He ascribed all vital actions to the soul primarily; to the forms and combinations of atoms, secondarily. He made the pineal gland the seat of the soul; explained sensations and recollections by movements and folds in the brain; secretion by the size and form of the atoms and pores. Descartes was the very genius of geometry; he could not conceive an idea without throwing it into a geometrical form. He betrayed a recklessness of assumption that has been too often imitated by mathematicians in regard to physiological data.

1672 *Chemico-medical School.—Sylvius*, of Leyden, founded the chemical system; an attempted explanation of all vital phenomena by the imperfect chemistry of the day. He ascribed every thing to the fluids; to effervescence, fermentation, precipitation. Bile exists in the blood, it is only separated by the liver. He introduced the term *acridity;* there are but two orders of diseases, one due to acid, the other to alkaline acridity. Acids are a cause of leucorrhœa. He prescribed volatile salts in almost all cases, combined with contrayerva, crab's eyes, and other absorbents. Sylvius ascribed fever to the excess of volatile salts, and thinness of blood; proved by their injection into the veins, preventing coagulation.

1601-72 *Guy Patin* attacked chemiatry; he called the sect the counterfeit coiners of medicine; and wrote a *Martyrologium Antimonii. T. Willis* advocated the doctrines of chemiatry (De fermentatione, 1680); he compared the physician to a wine merchant who had only to see that the fermentations were performed regularly and undisturbedly: but recommended bleeding in most diseases. *Highmore, Croone, Tachenius, Portius,*

## Moon's Aspects.

| | |
|---|---|
| Full Moon 2day 0h. 25m morn. | First Quarter 24 d. 6h. 32m. aft. |
| Last Quarter 9 day 2h. 49m. mn. | ☽ Apogee 12 day 10h. aft. |
| New Moon 17 day 8h. 2m. mn. | ☽ Perigee 28 day 11h. aft. |

| Days of Month. | Wk. days. | Holidays, Sundays, and Medical Writers. | Sun rises. | Sun sets. | Equa. Time. Clock aft. sun | Sun's Declination. | Moon's Age. Noon. | Moon's Southing. |
|---|---|---|---|---|---|---|---|---|
| | | | h. m. | h. m. | m. s. | south. | days. | n. m. |
| 1 | Th. | D. breaks, 5h. 17m. | 7 11 | 4 49 | 16 15 | 14°24′ | 13.9 | 11 38 |
| 2 | Fr. | Mic. Term begins | 7 12 | 4 48 | 16 16 | 14°43′ | 14.9 | morn. |
| 3 | Sa. | Leslie (Sir J.) *d* 1832 | 7 14 | 4 46 | 16 16 | 15° 2′ | 15.9 | 0 35 |
| 4 | 𝔖 | 21 Sun. after Trin. | 7 16 | 4 44 | 16 16 | 15°21′ | 16.9 | 1 36 |
| 5 | M. | Ramazzini *b.* 1633. | 7 18 | 4 42 | 16 15 | 15°39′ | 17.9 | 2 38 |
| 6 | Tu. | Ingrassia *d.* 1580. | 7 19 | 4 41 | 16 12 | 15°57′ | 18.9 | 3 38 |
| 7 | W. | L. of day 9h. 18m. | 7 21 | 4 39 | 16 9 | 16°15′ | 19.9 | 4 35 |
| 8 | Th. | Prss. Aug. S. born | 7 23 | 4 37 | 16 5 | 16°33′ | 20.9 | 5 27 |
| 9 | Fr. | Conring *b.* 1616. | 7 25 | 4 35 | 16 1 | 16°50′ | 21.9 | 6 15 |
| 10 | Sa. | Spurzheim *d.* 1832. | 7 26 | 4 34 | 15 55 | 17° 7′ | 22.9 | 6 58 |
| 11 | 𝔖 | 22 Sun. after Trin. | 7 28 | 4 32 | 15 49 | 17°24′ | 23.9 | 7 39 |
| 12 | M. | Cam. Term div. | 7 30 | 4 30 | 15 41 | 17°41′ | 24.9 | 8 18 |
| 13 | Tu. | D. decrease 7h. 36m. | 7 31 | 4 29 | 15 33 | 17°57′ | 25.9 | 8 57 |
| 14 | W. | Hewson *b.* 1739, | 7 33 | 4 27 | 15 24 | 18°13′ | 26.9 | 9 36 |
| 15 | Th. | [Northumb. | 7 35 | 4 25 | 15 14 | 18°28′ | 27.9 | 10 17 |
| 16 | Fr. | | 7 36 | 4 24 | 15 3 | 18°44′ | 28.9 | 11 1 |
| 17 | Sa. | | 7 38 | 4 22 | 14 52 | 18°58′ | 0.2 | 11 48 |
| 18 | 𝔖 | 23 Sun. after Trin. | 7 39 | 4 21 | 14 39 | 19°13′ | 1.2 | aftern. |
| 19 | M. | D. breaks, 5h. 41m. | 7 41 | 4 19 | 14 26 | 19°27′ | 2.2 | 1 34 |
| 20 | Tu. | L. of day 8h. 35m. | 7 42 | 4 18 | 14 12 | 19°41′ | 3.2 | 2 31 |
| 21 | W. | | 7 44 | 4 16 | 13 57 | 19°55′ | 4.2 | 3 28 |
| 22 | Th. | Wollaston *d.* 1828. | 7 45 | 4 15 | 13 41 | 20° 8′ | 5.2 | 4 23 |
| 23 | Fr. | | 7 47 | 4 13 | 13 25 | 20°20′ | 6.2 | 5 16 |
| 24 | Sa. | Schaarschmidt *b.* | 7 48 | 4 12 | 13 8 | 20°33′ | 7.2 | 6 6 |
| 25 | 𝔖 | 24 Sun. after Trin. | 7 49 | 4 11 | 12 50 | 20°45′ | 8.2 | 6 55 |
| 26 | M. | Mic. Term ends | 7 50 | 4 10 | 12 31 | 20°56′ | 9.2 | 7 43 |
| 27 | Tu. | D. decrease 8h. 16m | 7 51 | 4 9 | 12 12 | 21° 8′ | 10.2 | 8 32 |
| 28 | W. | Gaubius *d.* 1828. | 7 53 | 4 7 | 11 52 | 21°18′ | 11.2 | 9 23 |
| 29 | Th. | Rudolphi *d.* 1828. | 7 54 | 4 6 | 11 31 | 21°29′ | 12.2 | 10 18 |
| 30 | Fr. | | 7 55 | 4 5 | 11 9 | 21°39′ | 13.2 | 11 16 |

A.D. *Cross*, *Vieussens*, and *Minot*, were of the school. *Swalwe* opposed the theories of *Helmont* and *Sylvius*; he made the stomach complain of the numerous imputations laid at its door, and of the antimony, sudorifics, and chemical drugs with which it was oppressed. (*Ventriculi querelæ et opprobria*, 1664). *Ramazzini* (1633-1714), in the epidemic of 1692, gave alkalis; they were of no use, so he gave acids. *N. Andry* found that the *saliva* reddened vegetable blues (1710). *Le Mort* compared nutrition and secretion to vegetation (1696). *Bohn*, *Boerhave*, and *F. Hoffman* destroyed the credit of chemiatory; which derived no little support from the Dutch merchants, interested in the sale of a particular class of drugs. The art of prolonging life consisted, according to *Bontekoe* (spotted cow) in smoking incessantly, drinking tea perpetually, taking coffee in necessity, and on the slighest indisposition, opium; all imported by the merchants of Holland.

1661 *Robert Boyle* (born 1626), in his sceptical chemist (1661,) advanced experimental philosophy; and exposed the errors of many pretended chemical explanations. He attacked the doctrines of chemical principles prevailing.

*Iatro-Mathematical School.*—*Galileo* created experimental philosophy in Italy; in 1657 the academy *Del Cimento*, was established by his disciples in Florence; and in its bosom, the founder of this school, *Borelli* formed his views. *Sanctorius* (1561-1636) had before calculated the amount of perspiration: and its influence. He invented an instrument to determine the velocity of the pulse; another to show the ascent of the sap; and a thermometer. He determined the amount of perspiration; a man weighing 120lbs., eats and drinks to the amount of 5lbs. in twenty-four hours; he loses only 4 oz. by stool, 2lbs. by urine, and in the end weighs 120lbs.; 2lbs. 8oz. must then have exhaled from the surface. In the greater number of diseases the perspiration is diminished; the stools or urine increased. Joy, tranquillity, motion, a dry cold air, increase perspiration. This application of physical science to physiology was highly estimated: a statue was erected to his honour; *Boerhave* says, *Nullus liber in re medica ad eam perfectionem scriptus est.*

1608 *Borelli* wrote his immortal work, *De Motu Animalium*, for the queen Christina; he explained the mechanism of flying, swimming, creeping, according to the laws of statics: the bones are real levers, moved by muscular cords. *Mazini* attributed the functions of glands to their peculiar organisation; *Malpighi* had seen the granulations of the liver round, although they are naturally hexagonal. *Sauvages* (1706-67) maintained that inflammation implies increased friction in the capillaries; *Boerhave*, that it consists in capillary stagnation. *Boerhave* attached

## 𝔐𝔬𝔬𝔫'𝔰 𝔄𝔰𝔭𝔢𝔠𝔱𝔰,

Full Moon 1 day 11h. 34m. morn.
Last Quarter 8 d. 10h. 56m. aft.
New Moon 17 day 0h. 23m. morn.
First Quarter 24 d. 3h. 6m. morn.

Full moon 31 day 0h. 35m. morn.
☽ Apogee 10 day 6h. morn.
☽ Perigee 25 day 12h. aft.

| Days of Month. | Wk. days | HOLIDAYS, SUNDAYS, AND MEDICAL WRITERS. | Sun rises. | Sun sets. | Equa. Time. Clock aft. sun | Sun's Declina tion. | Moon's Age, Noon. | Moon's South-ing. |
|---|---|---|---|---|---|---|---|---|
| | | | h. m. | h. m. | m. s. | south. | days. | |
| 1 | Sa. | D. brks. 5h. 54m. | 7 56 | 4 4 | 10 47 | 21°48′ | 14.2 | morn. |
| 2 | 𝕾 | 1 Sund. in Advent | 7 57 | 4 3 | 10 25 | 21°58′ | 15 2 | 0 17 |
| 3 | M. | | 7 58 | 4 2 | 10 1 | 22° 6′ | 16 2 | 1 20 |
| 4 | Tu. | F. Bartholinus *d.* | 7 59 | 4 1 | 9 37 | 22°14′ | 17 2 | 2 20 |
| 5 | W. | Morgagni *d.* 1776. | 8 0 | 4 0 | 9 12 | 22°23′ | 18 2 | 3 16 |
| 6 | Th. | Black *d.* 1799, Edin. | 8 1 | 3 59 | 8 47 | 22°30′ | 19 2 | 4 6 |
| 7 | Fr. | L. of d. 7h. 36m. | 8 2 | 3 58 | 8 22 | 22°37′ | 20 2 | 4 52 |
| 8 | Sa. | Hedwig *b.* 1730. | 8 3 | 3 57 | 7 55 | 22°44′ | 21 2 | 5 35 |
| 9 | 𝕾 | 2 Sund. in Adv. | 8 3 | 3 57 | 7 29 | 22°50′ | 22 2 | 6 15 |
| 10 | M. | D. decrease 8h. 41m. | 8 4 | 3 56 | 7 1 | 22°56′ | 23 2 | 6 54 |
| 11 | Tu. | Barthez *b.* 1734. | 8 4 | 3 56 | 6 34 | 23° 1′ | 24 2 | 7 33 |
| 12 | W. | Kraus of Goettgn. *b* | 8 5 | 3 55 | 6 6 | 23° 6′ | 25 2 | 8 13 |
| 13 | Th. | D. brks. 5h. 59m. | 8 5 | 3 55 | 5 37 | 23°10′ | 26 2 | 8 55 |
| 14 | Fr. | | 8 6 | 3 54 | 5 9 | 23°14′ | 27 2 | 9 41 |
| 15 | Sa. | Brera *b.* 1772, Pavia | 8 6 | 3 54 | 4 40 | 23°17′ | 28·2 | 10 32 |
| 16 | 𝕮 | 3 S. in Adv. C. Trm. | 8 7 | 3 53 | 4 10 | 23°20′ | 29·2 | 11 26 |
| 17 | M. | Oxf. T. ends. [ends | 8 7 | 3 53 | 3 41 | 23°22′ | 0.5 | aftern. |
| 18 | Tu. | Cleghorn *b.* 1716. | 8 7 | 3 53 | 3 11 | 23°24′ | 1.5 | 1 21 |
| 19 | W. | | 8 8 | 3 52 | 2 41 | 23°26′ | 2.5 | 2 18 |
| 20 | Th. | D. brks. 6h. 1m. | 8 8 | 3 52 | 2 12 | 23°27′ | 3.5 | 3 12 |
| 21 | Fr. | Shortest Day. | 8 8 | 3 52 | 1 42 | 23°28′ | 4.5 | 4 4 |
| 22 | Sa. | L. of d. 7h. 44m. | 8 8 | 3 52 | 1 12 | 23°28′ | 5.5 | 4 53 |
| 23 | M | 4 Sund. in Adv. | 8 8 | 3 52 | 0 42 | 23°27′ | 6.5 | 5 40 |
| 24 | 𝕾. | Rush (B.) *b.* 1745 | 8 8 | 3 52 | 0 11 | 23°27′ | 7.5 | 6 27 |
| 25 | Tu. | Christmas day. | 8 8 | 3 52 | before. | 23°25′ | 8.5 | 7 16 |
| 26 | W. | Peyer *b.* 1653, Schaff. | 8 7 | 3 53 | 0 48 | 23°23′ | 9.5 | 8 7 |
| 27 | Th. | | 8 7 | 3 53 | 1 18 | 23°21′ | 10.5 | 9 3 |
| 28 | Fr. | | 8 7 | 3 53 | 1 47 | 23°18′ | 11.5 | 10 1 |
| 29 | Sa. | Sydenham *d.* 1689 | 8 7 | 3 53 | 2 17 | 23°15′ | 12.5 | 11 2 |
| 30 | 𝕾 | 1 Sun. after Christ. | 8 6 | 3 54 | 2 46 | 23°12′ | 13.5 | morn. |
| 31 | M. | D. brks. 6h. 0m. | 8 6 | 3 54 | 3 15 | 23° 8′ | 14.5 | 0 3 |

AD.. to it so much importance that he devoted great part of his classical *Methodus discendi medicinam,* to mechanics. *J. Bernouilli* applied the integral and differential calculus, which he had discovered with Newton and Leibnitz, to the examination of the vital functions; his work, *De motu musculorum,* was the most celebrated. Man loses, according to his calculation, two-thirds of his body in a year; the body is renewed 24 times in 80 years. *Keill* (1673-1719), gave a new direction to iatro-mathematics by joining to it the theory of attraction, analysis, and logarithimic calculations. In the small arteries of the mesentery, the blood has 1-5261 the velocity it has in the trunk. The heart discharges an ounce of blood at each systole; its force amounts to five ounces. *Keill* from ten years' observations on himself, ascertained that the aliment is to the perspiration as 2·2 to 1; that the loss by perspiration amounts to 31 ounces in 24 hours; that its suppression is often not dangerous (*Med. statica Brit.*) *Cheyne* attributed nearly all diseases to intemperance; he recommended sobriety and vegetable diet. *Moreland, H. Pemberton, N. Robinson, Bryan Robinson,* and *Morieau,* belonged to this school. *Tabor* found that the globules of the blood are larger in fishes than in warm blooded animals. *Mead* (1673-1754), explained the actions of poisons on mechanical principles; and he was a warm supporter of mathematics. *Clifton Wintringham* ascertained the force of the arterial coats by injecting air till they burst; the branches are stronger than the trunks; the aorta is to the renal artery in this respect, as 1·000 to 1·087. *Wolf,* in advocating the medical application of mathematics, remarked that simple probability required calculation as well as certainty.

### DYNAMICAL SCHOOLS OF THE EIGHTEENTH CENTURY.

1660-734 *System of Stahl.*—*Stahl* was born in 1660, became professor at Halle, in 1694; died at Berlin, in 1734. He despised erudition, "I have not," he exclaimed, "had time to wipe the dust from the benches, or grow pale in libraries. I have, however, read the ancients, and owe them much. Disgusted at seeing the novelty of my doctrine contested, I have renounced every literary connexion." *Stahl* held that the body is passive; it cannot move of itself; it is moved by an immaterial substance: the soul is the primary principle on which the forces of the ancients, the mechanical movements of the moderns, depend. He proposed to banish every thing foreign from medicine; physics, chemistry, anatomy; they are useless, if not dancgrous. True physiology develops the laws of the organism; the rules observed in vital actions. The *organism* is a body whose parts all concur to one end. To avoid multiplying forces, he admitted but one—the soul—the *nature* of the ancients—as is proved by the etymology—for *ψυχη* comes from *φυσιν εχων*. Like the nature of Hippocrates, it acts without instruction; all that it ought to do, it does without reflection, *ȣκ εκ διανοιης*. All the involuntary motions are executed by the soul, not conscious of its actions. In answering Leibnitz, *Stahl* said his soul was material; he expected immortality only through Divine grace. He admitted a subordinate vital tonicity, as the cause of congestion, spasm, fever, hæmorrhage. Disease is a disturbance, a riot, in the spiritual government of the animal economy. Diseases are more frequent in man than in animals, in females than in males. The head suffers in childhood; the lungs in youth; the abdomen in old age. Hæmorrhoids, hypochondria, gout, all arise from abdominal plethora. Piles cure or relieve all chronic abdominal diseases. The chyle is mingled with the blood in the *vena portæ*; the slow circulation of the blood in which is the source of almost all chronic diseases. *Vena portæ, porta malorum*, was the cry of the Stahlians. Nature reacts against its enemy, disease; excites tonic movements, congestions, secretions, and cures the patient. This is the autocrasy of nature. Many chronic diseases are cured by fevers. The physician should be active; but when the vital processes go on regularly, he should not disturb them. Nature cures nearly all fevers by evacuations; this indication should be followed, but at the proper time. Bleeding favours the crisis; nearly all men form an unnecessary quantity of blood. *Stahl* preferred evacuants; and particularly tartar emetic, aloes, rhubarb, jalap. Like Hoffman, he sold several secret remedies; *balsamic pills* of aloes, hellebore, and bitter extracts; and a celebrated *stomachic powder*. He detested chalybeate waters; prescribed nitre and neutral salts in acute diseases; and when stimulants were required, his *Essentia Alexpharmica*, composed of angelica and other heating roots. In the twenty-two years Stahl was professor at Halle, there were 538 students; in the twenty-two following years (1716-38) there were 1067.

1735 *Cheyne* was one of the first English iatro-mathematicians that adopted some of Stahl's ideas. To prove that no line can be drawn between voluntary and involuntary movement; he cited the case of Colonel Townshend who could suspend the action of the heart.

*Whytt* assumed that the motor force of muscles is communicated by the nerves; for the irritation of the roots of the nerves produces more violent convulsions than the irritation of the muscles. He admitted three kinds of muscular contraction; one natural, effected by the nervous fluid; a second voluntary, effected by the will; a third involuntary, produced by irritation. The soul is the cause of all movement; it is unconscious, because the irritations are feeble, and no attention is paid to them habitually from infancy.

*Sauvages* explained the actions of the body on mechanical principles: but ascribed them to the soul. *Hartley* maintained that no real distinction existed between voluntary and involuntary motion. Association can convert automatic into voluntary motion. All the functions of the soul are performed by nervous vibrations.

*James Johnston* endeavoured to demonstrate that the parts supplied with ganglionic nerves act involuntarily; in sleep and apoplexy they continue to act. This view was adopted by *Scarpa*. *Le Cat* had stated, that ganglia and glands supply the place of nerves (1753). *Bordeu* also adopted this notion; he believed that each organ had a peculiar life, a peculiar secretion; which when too abundant produces a cachexia, bilious, seminal, lactic, &c. *Barthez* (*de principio vitali hominis*, 1773) asserted a peculiar vital principle existing in every part, independently, and by sympathy. *S. Farr* admitted a vital principle most active in sleep; not dependent therefore on sensation (*Origin of Animal Movements*, 1771.)

*Platner* is the last and principal defender of Stahlism; his views of the influence exercised by the soul are developed in his great work on anthropology, (1794.)

## METEOROLOGY.

The best meteorological observations now carried on in the neighbourhood of London, are those made at the Gardens of the Horticultural Society, Chiswick. The scheme of observation appears to have been arranged under the direction of Professor Daniel, to whom meteorology is indebted for a very elegant Hygrometer, and a collection of valuable essays. As the observations published in the Transactions of the Horticultural Society have now accumulated, we have deduced from them the average results of eight years, presenting a near approximation to the climate of the latitude of the metropolis, unmodified by local causes.

The first Table should be compared with the Tables of Mr. Daniel and Mr. Howard, published in former volumes of the Almanack. The second Table is highly interesting: it will be seen by comparing the three hygrometric observations, that the dryness is greatest at noon, the humidity greatest in the evening. June is the dryest month; in October, November, December, January, the air is nearly saturated, morning and evening; in May, June, July, August, the dryness at noon is upwards of 10°; the mean temperature of the four months at this hour is 68°·5, there is only vapour enough present to saturate a temperature of 56°·8; the real difference or dryness is 11°·7.

The mean temperature at Chiswick was 50°·3; approaching very nearly 50°·5, fixed upon by Mr. Howard as the mean temperature of the latitude and level of London. These observations differ from others, in making *July* and not *August* the hottest month of the year; and this result is supported by seven out of the eight annual series of observations.

## MODE IN WHICH THE OBSERVATIONS WERE MADE AT CHISWICK.

The following description of the instruments employed is from the *Horticultural Transactions*, vol. vii. 1830.

A Daniel's *Hygrometer* is used for ascertaining the state of the vapour in the atmosphere. The observations are made three times a day, with every precaution recommended by Mr. Daniel in his meteorological Essays. The Register Thermometers are of Rutherford's construction, and made by Mr. Newman. Those by which the maximum and minimum of the temperature of the air in the shade are ascertained, are placed in an open spot in the Arboretum, skreened from the rays of the sun, and sheltered from terrestrial radiation by a kind of umbrella of oiled cloth. They are attached to the northern side of the post which supports the umbrella, and stand four feet from the ground. That by which the maximum of heat is ascertained, is filled with mercury; the one applied to registering the minimum of heat, is a spirit thermometer.

In addition to these, two other register thermometers of the same construction are used. The first is of mercury, and the ball is covered with black wool. It is exposed to the sun, on the grass, in the Arboretum, about two inches from the ground, and thus shows the maximum degree of heat to which vegetation is exposed during the day. The second thermometer is of spirit; its ball is also covered with black wool, and is fixed in the focus of a parabolic metallic speculum, and exposed to the full aspect of the sky. It registers the maximum degree of cold arising from radiation in such a situation.

The *Rain gauge* (Howard's) stands upon the level of the ground in the Experimental Garden.

The mean pressure of the atmosphere is deduced from the maximums and minimums indicated by the barometer.

## METEOROLOGICAL TABLES.

Table i. — *Of the Temperature of the Atmosphere in the shade, the maximum temperature in the Sun's rays, the lowest temperature produced by terrestrial radiation, and the atmospheric pressure at Chiswick, in the eight years,* 1826-33.

| MONTHS. | Temperature of the Atmosphere in the Shade. | | | | | | Temperature from Radiation. | | Barometer. |
|---|---|---|---|---|---|---|---|---|---|
| | Mean. | Mean Maximum. | Mean Minimum. | Mean Range. | Monthly Maximum. | Monthly Minimum. | Maximum in the Sun's rays. | Minimum on the Earth. | Atmospheric pressure in Inches. |
| January.. | 35°·1 | 39°.8 | 30°·4 | 9°·4 | 60° | 10° | 70° | 3° | 29·974 |
| February | 40·3 | 461 | 34·5 | 11·6 | 65 | 10 | 80 | 4 | 29·917 |
| March .. | 43·4 | 50·9 | 35·9 | 15·0 | 75 | 21 | 95 | 8 | 29·916 |
| April ... | 49·0 | 58·1 | 40·0 | 18·1 | 78 | 24 | 105 | 12 | 29·823 |
| May .... | 55·7 | 66·5 | 44·9 | 21·6 | 86 | 28 | 126 | 16 | 30·066 |
| June.... | 60·7 | 71·4 | 50·1 | 21·3 | 87 | 37 | 125 | 26 | 29·947 |
| July .... | 63·7 | 74·7 | 52·7 | 22·0 | 89 | 40 | 126 | 32 | 29·999 |
| August.. | 61·8 | 72·5 | 51·2 | 21·3 | 86 | 36 | 117 | 29 | 29·931 |
| Septembr | 57·3 | 67·3 | 47·3 | 20·0 | 82 | 32 | 107 | 27 | 29·940 |
| October.. | 52·1 | 60·7 | 43·5 | 17·2 | 73 | 28 | 97 | 20 | 30·010 |
| Novembr | 43·4 | 49·9 | 36·9 | 13·0 | 63 | 20 | 79 | 11 | 29·947 |
| Decembr. | 41·5 | 46·6 | 36·4 | 10·2 | 58 | 10 | 69 | 6 | 29·925 |
| Year. .. | 50·3 | 58·7 | 41·8 | 16·9 | 89 | 10 | 126 | 3 | 29·943 |

## METEOROLOGICAL TABLES.

Table ii.—*Of the Humidity of the Atmosphere morning, noon, and night, and the quantity of rain that fell at Chiswick, in the eight years,* 1826-33.

| MONTHS. | HUMIDITY OF THE ATMOSPHERE. | | | | | | | | | Rain in Inches. |
|---|---|---|---|---|---|---|---|---|---|---|
| | Summer, 6 a. m. Winter, daybreak. | | | Noon.—(12-1 p. m.) | | | Night. (9, or 9-10p.m. | | | |
| | Mean Temperature. | Dew Point. | Dryness. | Mean Temperature. | Dew Point. | Dryness. | Mean Temperature. | Dew Point. | Dryness. | |
| January.. | 34°·1 | 33°·3 | °·8 | 38°·6 | 36°·7 | 1°·9 | 34°·7 | 34°·1 | °·6 | 1·16 |
| February | 38·6 | 37·4 | 1·2 | 44·8 | 40·9 | 3·9 | 38·2 | 37·6 | ·6 | 1·54 |
| March .. | 42·0 | 40·2 | 1·8 | 49·9 | 41·9 | 8·0 | 40·8 | 39·8 | 1·0 | 1·41 |
| April .... | 48·1 | 45·9 | 2·2 | 56·0 | 47·2 | 8·8 | 45·7 | 44·5 | 1·2 | 2·12 |
| May .... | 55·2 | 50·9 | 4·3 | 64·4 | 52·1 | 12·3 | 51·6 | 50·0 | 1·6 | 1·76 |
| June.... | 60·8 | 56·8 | 4·0 | 69·0 | 56·4 | 12·6 | 57·7 | 55·3 | 2·4 | 1·88 |
| July .... | 63·6 | 59·9 | 3·7 | 71·3 | 60·3 | 11·0 | 60·8 | 59·0 | 1·8 | 2·43 |
| August.. | 61·2 | 58·4 | 2·8 | 69·4 | 58·5 | 10·9 | 58·8 | 57·5 | 1·3 | 2·78 |
| Septembr | 55·9 | 54·7 | 1·2 | 64·5 | 57·5 | 7·0 | 53·4 | 52·9 | ·5 | 3·11 |
| October.. | 50·0 | 49·6 | ·4 | 58·4 | 54.3 | 4·1 | 49·4 | 49·0 | ·4 | 2·40 |
| Novembr | 41·9 | 41·2 | ·7 | 47·6 | 45·4 | 2·2 | 42·3 | 41·9 | ·4 | 2·00 |
| Decembr | 40·5 | 39·9 | ·6 | 44·9 | 43·0 | 1·9 | 40·7 | 40·3 | ·4 | 2·11 |
| Year.... | 49·2 | 47·3 | 1·9 | 56·5 | 49·6 | 6·9 | 48·0 | 46·9 | 1·1 | 24·70 |

# THE ROYAL COLLEGE OF PHYSICIANS,

## PALL MALL, LONDON.

*Founded* 1522, *by Charter from King Henry VIII.*

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Calvert, Dr. Robert
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Davies, Dr. Henry, *Saville-row*
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Waterfield, Dr. T. *Charles-street, St. James's-square*
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Whitsed, Dr., *Southampton-row*
Whitter, Dr. Tristram
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Wightman, Dr. R., *Southampton*
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Willan, Leonard, R., M.B., *Penzance*
Willis, Dr. F., *Shillingthorpe*
*Willis, Dr. R. *Dover-street*
*Willis, Dr. T. *Sackville-street*
Williams, Dr. Charles James Blasius, *Half-Moon street*
Williams, Dr. John
Williams, Dr. Robert, *Bedford-pl.*
Williams, Dr. W. H., *Ipswich*
Wilmot, Dr. John Bramston, *Tunbridge-wells.*
Wilmot, Dr. William Byam, *Queen's place, Kennington*
Wilson, Dr. James A., *Curzon-st.*
Wilson, Dr. John, *Wimpole-st.*
Wilson, Dr. Thomas
Wilton, Dr. John, *Regent-square*

Wood, Dr. George Edward Wilmot, M.B., *Half Moon-street*
Wright, Dr. Warner, *Norwich*
Yelloly, Dr. John, *Wootton Hall, Norfolk*
Yonge, Dr. James, *Plymouth*

A Licentiate must be twenty-six years of age; have studied medicine and the collateral sciences *five complete years;* and attended the practice of an hospital containing 100 beds three complete years. The 10th Regulation runs thus:—

10. Quandoquidem fieri potest ut viri sint quidam de arte nostrâ optimè meriti, qui tamen disciplinæ medicæ studia non omnino secundùm normam a nobis injunctam prosecuti fuerint; statuimus et ordinamus ut, non obstantibus præmissis, siquando horum aliquis, peracto anno ætatis suæ quadragesimo, in Permissorum numerum admitti petat, testimonia quæcunque protulerit tam de ejus moribus, quam doctrinâ scrutentur et expendant Censores; et, si ita sibi visum sit, in Comitiis majoribus proximè habendis palàm explicent, impetrentque de iis Collegii sententiam; sin autem major pars Sociorum in illis Comitiis præsentium, suffragiis per pilas occultè acceptis, consenserit, instituantur quamprimum commodè fieri poterit examinationes ordinariæ, uti de Permissis jam antè præceptum est.

Fellows pay on admission 95*l.* 4*s.*; Licentiates 56*l.* 17*s.*; Extra Licentiates 17*l.* 9*s.* Stated income of the College 4116*l.*; expenditure 4822*l.* Eleven years, 1823—33.—Licentiates examined, 133; rejected 7; 1 in 19.

*The Lectures* are delivered in the Theatre at the College, on Wednesdays and Fridays, at four o'clock P. M., commencing in May. They are delivered in the following order:

The Gulstonian, three Lectures.
The Croonian, three Lectures.
The Lumleian, three Lectures.
On Materia Medica, six Lectures.

*The Evening Meetings* (at which Medical Papers are read) are held on the last Monday of each Month, from January to June inclusive, at nine o'clock P.M.

*The Harveian Oration* is delivered in the Library of the College, on June 25th, at four o'clock, P.M.

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# ROYAL COLLEGE OF SURGEONS IN LONDON,

## LINCOLN'S-INN FIELDS.

*Founded*, 32 *Henry VIII.*—*Chartered*, 1800.—*Rebuilt*, 1836.

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*Vice-presidents.*—*H. L. Thomas, *Leicester-place*
*R. Keate, *Albemarle-street*
*Sir A. P. Cooper, Bart., K.G.H., *Conduit-street*
*J. P. Vincent, *Lincoln's Inn-fields*
*G. J. Guthrie, *Berkeley-street*
*A. White, *Parliament-street*
*J. G. Andrews, *St. Helen's-place*

* Examiners.

*S. Cooper, *Woburn-place, Russel-square*
T. Copeland, *Golden-square*
J. Howship, *Saville-row*
J. Briggs, *Edgeware-road*
W. Lawrence, *Whitehall-place*
*Sir B. C. Brodie, Bart., *Saville-row*
B. Travers, *Bruton-street*
H Earle, *George-street, Hanover-square*
J. Swan, *Tavistock-square*
E. Stanley, *Lincoln's Inn-fields*
J. H. Green, *Hadley, Middlesex*
Th. Callaway, *Wellington-street, Southwark*
G. G. Babington, *Golden-square*
*Honorary Class of retired Members of the Council.*—T. Blizard, *Cumberland-terr., Regent's Pk.*
J. Gunning, *Paris*
J. A. Hawkins, *Great Marlborough-street*
Sir C. Bell, K.G.H., *Edinburgh*
*Professors.*—E. Stanley, R. Owen
*Secretary.*—E. Belfour
*Librarian.*—R. Willis
*Conservators of the Museum.*—W. Clift, R. Owen
*Beadle.*—W. Stone

The Hunterian Museum is 90 feet in length, and 40 in width; lofty, and lighted by arched skylights. Skeletons of vertebrata, the skeleton of the elephant Chuny, and of O'Byrne, the Irish giant, Crania, the cast of a living negro, the remains of the Megathrium, four cabinets of specimens in comparative anatomy, and a choice selection of fossil fishes merit attention on the floor. The specimens illustrating the structure of bone in different classes of animals, and the development of the teeth, are admirable. The two galleries contain the preparations in spirit; the lower gallery contains the Hunterian collection. Its state of preservation, after the lapse of fifty years, full of embarrassment, reflects great honour on Mr. Clift, the excellent conservator. The classification of the specimens, and the catalogues, facilitate the study of the collection. Mr. Owen last year delivered an interesting course of lectures illustrative of the specimens in the museum, which his labours have so much enriched. This will, we hope, be continued annually.

The *Library*, it was stated by Sir B. Brodie, in the Hunterian oration, contains 20,000 volumes; great additions are now making to its stores, under the direction of the talented librarian, Dr. Willis. 1200 foreign works alone have been ordered. The college library will shortly contain a collection of medical literature not surpassed by the collections of foreign libraries.

The Library is open daily, Sundays excepted, to members and articled students of the college, from ten until four o'clock, except during the month of August. Other persons desirous of admission must make application, in writing, to the Library Committee, specifying their christian and surnames, rank or profession, and residence.

In the ten years (1823—32) the College received 71,371*l.* for Diplomas; 18,236*l.* of which were paid to the examiners. Expenditure (June 1836—7) 9991*l.*, and 7066*l.* on the buildings. The Courts of Examiners received from students 11354*l.*; 1299*l.* were from dividends on stock. Salaries, 1833: secretary, 500*l.*; librarian, 430*l.*; conservator, 436*l.*; assistant to conservator, 275*l.*; beadle, 180*l.* Total, salaries 2180*l.*; Examiners 3050*l.*; council 425*l.*; dinners of council 90*l.*; of examiners 39*l.* expended on library 334*l.*—*Parl. Return.*

The Council is self-elective; the appointments are for life. The ten examiners are usually chosen from the senior members of the council; the offices of President and Vice-presidents are filled by the Examiners in annual rotation.

*Regulations of the Council respecting the Professional Education of Candidates for the Diploma.*

I. They will be required to bring proof:

1. Of being twenty-two years of age.

2. Of having been engaged five years in the acquirement of professional knowledge.

3. Of having studied Anatomy and Physiology, by attendance on Lectures and Demonstrations, and by dissections, during two anatomical seasons of seven months each.

4. Of having attended at least two courses of lectures on Surgery, delivered in two distinct periods or seasons, each course to comprise not less than Sixty Lectures.

5. Of having attended Lectures on the Practice of Physic, on Chemistry, and Midwifery, during six months; comprising not less than sixty Lectures respectively; and on Botany and Materia Medica during three months.

6. Of having attended during twelve months the surgical practice of a recognised hospital in London, Dublin, Edinburgh, Glasgow, or Aberdeen; or for six months in any one of such hospitals, and twelve months in any recognised provincial hospital.

II. Members and Licentiates in Surgery of any legally constituted College of Surgeons in the United Kingdom, and graduates in Surgery of any University, will be admitted for examination.

The College now examines lecturers.

All the required Certificates are to be delivered at the College ten days before the Candidate can be admitted for examination.

Courts of Examiners are appointed for the first Friday of every month: from July 1st, 1833, to July, 1834; however, fifty-three courts were held.

*Registration of Pupils.*—The first fifteen days in February, May, August, and November.

The Subject of the COLLEGIAL TRIENNIAL PRIZE is

" To determine the diameters and modes of communication of the continuous capillary Arteries and Veins, both in the pulmonic and systemic Circulations. The subject to be illustrated by injected and other preparations both of the human body and of inferior animals.

There are TWO JACKSONIAN PRIZE SUBJECTS for the year 1838, viz.

" On the comparative advantages of Lithotomy and Lithotrity, and on the circumstances under which one method should be preferred to the other; and the Structure and Treatment of Nævi, and other erectile Tumours."

These Prizes are to be written for under the following conditions:—
Candidates to be members of the College, not of the Council.

The Dissertations to be in English, and to be distinguished by a motto or device, accompanied by a sealed paper, containing the name and residence of the Author, and having, on the outside, a motto or device corresponding with that on the Dissertation.

Dissertations for the Jacksonian Prize to be addressed to the Secretary, and delivered at the College before Christmas-day, 1838.

Dissertations for the Collegial Anatomical Prize to be also addressed to the Secretary, and delivered at the College before Christmas-day, 1839.

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## COLLEGE OF SURGEONS.

Gentlemen who have passed Examination, from Oct. 1st, 1836, to Sept. 30th, 1837.

Abram, J. F. *London, April*
Agar, J. H. *Tralee, Kerry, July*
Ainley, W. *Leeds, Dec.*
Alexander, J. *Dublin, August*
Allanson, J. *Bury, Lancashire, May*
Allen, J. *Manchester, June*
Alleyne, R. D. *Newcastle, Limerick, March*
Ainsworth, R. F. *Manchester, March*
Anderson, J. *Fintona, May*
Anthony, J. *London, May*
Anwyle, R. *Bala, July*
Appleton, J. M. *Stokesley, May*
Arkwright, J. *Clithero, July*
Arnold, G. J. *August*
Ashcombe, W. *Winchester, July*
Ashford, J. *London, January*
Ashton, T. M. *Ormskirk, March*
Atkins, W. E. *Hants, July*
Atkinson, J. P. *Yorkshire, June*
Atkinson, W. *Leeds, March*
Austin, E. V. *Norwood, Feb.*
Ayling, T. *Hants, June*
Baker, R. *Cavan, August*
Baker, J. *Army, January*
Balfour, S. *Aberdeen, August*
Baller, H. *Bideford, July*
Banks, H. R. *Devenport, Nov.*
Banks, E. H. S. *Folkstone, May*
Bannister, J. H. *Havant, Hants, May*
Barker, E. J. *June*
Barker, T. H. *York, April*
Barker, J. *Coleshill, Nov.*
Barker, W. F. *North Wych, Jan.*
Barnwell, W. H. *London, Feb.*
Barrett, T. *Bath, April*
Barrow, E. *Wedmore, May*
Barrow, T. *Cavan, Nov.*
Basaw, C. *London, Oct.*
Baxter, J. B. *Sunderland, April*
Beard, W. D. *St. Kitt's, W.I. Dec.*
Bell, W. *Newry, Nov.*
Bellard, H. A. *Hull, July*
Bellyse, R. B. *Cheshire, June*
Bennett, J. *Chapel Frith, April*
Berrell, P. *Dublin, May*
Birtwistle, J. *Skipton-in-Craven, Nov.*
Blake, J. D. *Lady-rath, Meath, June*
Blake, W. T. *Wexford, August*
Blanchard, T. *Sunderland, July*
Blenkins, G. E. *London, Oct.*
Bloxsome, G. F. *Dursley, August*
Blundell, P. *Newbury, May*
Boles, W. *Limerick, May*
Boot, E. *Lincoln, July*
Booth, F. *Driffield, Yorkshire, May*
Boult, E. *Chester, Dec.*
Bower, H. N. *Gloster, May*
Boyd, J. W. *New Ross, May*
Bradshaw, B. W. *Clonmell, August*
Bramley, L. *Halifax, March*
Brailsford, W. *Enfield, August*
Breach, J. *Aston, Berks., May*
Briant, E. *Kennington, July*
Brideoake, J. *Lancashire, Oct.*
Broadhurst, F. *East Indies, March*
Brownbill, T. F. G. *Manchester, May*

Broxholm, R. G. *Middlesex, July*
Brunton, G. *York, June*
Bruorton, C. *Salisbury, Jan.*
Buck, T. *Halwell, Leicester, March*
Buckland, J. *Malmesbury, May*
Burdett, H. F. *Gilmorton, April*
Bury, G. *Dublin, Oct.*
Bush, W. *Beach Bitton, Bath, May*
Butler, J. *Kilkenny, June*
Calvert, R. A. *Ballebay, Monaghan, June*
Cam, T. *Hereford, June*
Campbell, E. *Cornwall, August*
Cannan, K. *London, June*
Cantis, H. *London, June*
Carley, R. R. *Laxfield, Suff., April*
Carr, W. *Hemslett, Yorkshire, May*
Chapman, F. *Kingston, May*
Chapman, J. *Barbadoes, June*
Chapman, S. *Nottingham, August*
Cheesewright, W. *Bristol, May*
Cheyne, G. M. *June*
Christian, J. *Sligo, July*
Churton, H. *Whitchurch, Salop, April*
Clarke, E. *Birmingham, April*
Clarkson, J. J. *Zealand, May*
Clarkson, T. *Harworth Lane, May*
Clegg, W. *Hull, July*
Cobbold, F.W.W. *Colchester, April*
Cockcroft, W. *Yorkshire, June*
Coghlan, T. J. *London, August*
Cole, J. R. *Odiham, Hants, Oct.*
Coleman, C. A. *Maidstone, July*
Collinette, B. *Guernsey, Oct.*
Compton, B. *Lancaster, August*
Cook, J. K. *Lanelly, April*
Cooke, M. *Langley, May*
Cooke, W. *Boston, Oct.*
Cooper, G. *Norfolk, July*
Cooper, G. *Exeter, May*
Cooper, J. *London.*
Cooper, H. R. *Newport, May*
Corbin, A. *Barbadoes, May*
Corbin, M. A. B. *Guernsey, Oct.*
Cowdell, C. *Hinckley, May*
Cowie, A. *Aberdeenshire, Oct.*
Cox, C. J. *Finchley, Dec.*
Cox, F. *Barham, Kent, May*
Crisp, A. *Yarmouth, July*
Crockford, G. M. *Sussex, August*
Crooke, W. *Magor, June*
Cross, W. *Clifton, Bristol, May*
Crosse, J. B. *St. Catherine's, Aug.*
Cuddon, H. *Bungay, May*
Curling, H. *London, July*
Dallas, J. J. *Barbadoes, May*
Daly, J. *Jamaica, March*
Daniel, George, *Manchester, Jan.*
Darbey, F. S. *Drogheda, June*
Davies, E. *Merthyr Tydvil, Nov.*
Davis, H. *Pendock, April*
Dawson, J. *Swillington, May*
Denne, J. *Wingham, Kent, Aug.*
Dobbs, A. *December*
Dolman, J. J. *Melbourne, May*
Dommett, E. *London, March*
Donaldson, E. *Buttevant, Cork, May*
Dougall, W. *Derry, June*
Dowe, J. *Cork, December*
Drew, J. *Cambridge, November*
Druitt, R. *London, February*
Dume, W. *Canterbury, Aug.*
Dwyer, T. *Tipperary, Oct.*
Dyer, C. B. *Grantham, June*
Eddy, H. C. *Calcutta, July*
Edwards, H. F. *Brislington, Oct.*
Eland, J. L. *Northampton, Nov.*
Elliot, A. *Omagh, Tyrone, June*
Ellis, W. *Newent, May*
Ellis, W. *Abergavenny, Nov.*
Embling, T. *London, May*
English, C. R. *Bath, March*
Erskine, T. *Cavan, Oct.*
Evans, G. E. *Tiverton, Devon, Aug.*
Evans, T. *Cardiff, May*
Evans, B. G. *Cardigan, Aug.*
Everett, W. G. *Devizes, Oct.*
Faithful, R. W. *Winchester, July*
Featherstone, J. E. *Newcastle-upon-Tyne, March*
Felton, T. P. *Monmouthshire, April*
Fereday, S. D. *Sedgley, Nov.*
Ferris, G. F. *Truro, Aug.*
Feild, J. M. *Hatherley, Devon, Dec.*
Ffolliott, F. H. *Clonakilty, April*
Fitzgibbon, J. *London, April*

Fletcher, J. F. *Arundel, March*
Fletcher, J. *Oldham, Oct.*
Flower, F. *Overton, April*
Floyd, J. *Londonderry, Dec.*
Floyer, W. H. *Northampton, May*
Foaker, E. *Calcutta, Dec.*
Ford, C. G. E. *July*
Ford, G. *Leitrim, July*
Forges, E. D. *Hull, August*
Fortescue, W. *London, July*
Francis, A. *Utting Maldon, May*
Frost, C. M. *London, June*
Fry, G. B. *Dublin, Dec.*
Furnival, W. *Manchester, Aug.*
Fysh, E. E. *Lynn, April*
Gallwey, M. B. *Barnstaple, June*
Garlike, W. *Stroud, May*
Garnham, B. *Lewes, Jan.*
Garrard, S. *Suffolk, Nov.*
Garrard, S. *Olney, Bucks, Dec.*
Gaskell, W. B. *Liverocl, May*
Gibson, J. *Hull, Feb.*
Gibson, E. *Wexford, April*
Gibson, J. R. *London, Oct.*
Gill, E. *Skipton in Craven, May*
Gillard, F. J. *Brixham, May*
Glasse, H. D. *Droxford, Hants, Jun.*
Gleadowe, H. R. *Liverpool, Aug.*
Glover, J. *York, Nov.*
Gray, G. *Aberdeen, June*
Gray, E. W. *June*
Gregg, R. F. *Kirby Lonsdale, June*
Gregory, R. B. *Northamp. Aug.*
Godfrey, J. *London, Oct.*
Goodwin, H. *Jamaica, Oct.*
Goold, L. *Cork, Aug.*
Gould, G. *Norfolk, Aug.*
Greer, A. *Tyrone, June*
Griffith, W. *Barbadoes, April*
Griffith, T. W. *Shrewsbury, June*
Guides, E. *Newcastle-upon-Tyne, March*
Gylby, W. *Retford, Aug.*
Haines, J. *Cheltenham, Oct.*
Haincs, W. C. *Hampstead, May*
Halladay, E. J. *Warminster, July*
Hallett, C. *Axminster, May*
Hamilton, C. T. *London, Feb.*
Hamilton, B. U. *Dublin, Dec.*
Hancock, J. M. *Somersetsh. June*
Hancox, W. M. *Wolverhamp. July*
Harford, J. *Bristol, June*
Harman, J. *Birmingham, Aug.*
Harmer, A. *Ipswich, June*
Harris, R. D. *Hornsey, Oct.*
Harris, J. W. *Exeter, June*
Harris, H. C. *London, May*
Harrison, H. G. G. *Davenp. April*
Harrison, J. B. *Manchester, July*
Harrison, F. G. *London, Aug.*
Harsant, M. *Earlsohun, Suff. Apr.*
Hart, W. B. *London, Jan.*
Haward, E. *Halesworth, Feb.*
Hawkins, C. *London, Feb.*
Hawkins, C. J. *Cheltenham, May*
Hay, W. *High Wycombe, Oct.*
Haydon, N. J. *Starcross, Devon., April*
Haynes, B. *London, May*
Hemming, W. B. *London, Aug.*
Henning, J. *London, Oct.*
Henderson. T. A. *London, Aug.*
Herdman, R. *Dublin, Aug.*
Herriott, J. *May*
Hird, F. *Yorkshire, Oct.*
Hiscox, M. T. *Bath, May*
Hobkirk, W. H. *Wilts, Aug.*
Holbecke, A. *Sutton Coldfield, Nov.*
Holland, J. *Jewsbury, Dec.*
Holmes, W. *Madras, Oct.*
Honeywood, W. *Batavia, Oct.*
Horsford, J. *Cork, Aug.*
Hudson, W. T. *Cambridge, Dec.*
Hullock, J. *Stockport, May*
Hutchinson, R. *Liverpool, May*
Hutchinson, J. *London, July*
Hunter, J. C. *Derry, June*
Ilott, J. W. *Kent, Aug.*
Innes, W. *Ross-shire, Nov.*
Isaacson, W. *Mildenhall, Nov.*
Jackson, H. *Petworth, Dec.*
Jackson, J. J. *London, May*
Jackson, J. M. *Madras, May*
Jalland, W. J. *Nottingham, May*
James, T. *Uxbridge, Dec.*
Jenner, W. *Rochester, Aug.*
Jinkings, J. A. *Hythe, Kent, Mar*
Johnson, T. *Manchester, June*

Johnson, G. *Sydney, N. S. W. Aug.*
Jolliffe, J. *Crewkerne, July*
Jones, A. O'Brien, *Kent, Jan.*
Jones, A. *Havre de Grace, Feb.*
Jones, R. *Llanfyllin, April*
Jones, W. R. *Tower, April*
Jones, W. J. *Fleet street, May*
Jones, R. *Montgomeryshire, June*
Jones, J. *Rockhampton, Aug.*
Jones, W. *Bristol, Oct.*
Keele, T. *Somerset, May*
Kelly, P. *Tuam, Aug.*
Kemm, W. *Wilts, Feb.*
Kent, C. W. *Lincoln, May*
Kershaw, W *Rochdale, May*
Kilburn, R. J. *Liverpool, Oct.*
Kinneir, R. *Wilts, Nov.*
Knighton, J. F. *Devon, Aug.*
Laity, R. J. Davenport, *April*
Lambrick, J. *Shropshire, Dec.*
Lankester, E. *Woodbridge, April*
Land, T. *Leeds, May*
Landor, H. *Stockport, April*
Langshaw, J. P. *Lancaster, May*
Lawton, J. *Delph, Saddleworth, Ap.*
Larkins, T. B. *London, Dec.*
Latten, R. *Colchester, May*
Latter, H. *Bromley, Kent, June*
Lawrence, J. J. *New York, May*
Lay, J. J. *Peasauhall, Nov.*
Laycock, W. *London, Aug.*
Lees, W. *Manchester, May*
Leggatt, A. *Guildford, Aug.*
Leigh, J. *Manchester, July*
Lewis, W. P. *Beaumaris, March*
Little, J. S. *Artillery, June*
Livett, H.W. *Trowbr. Wilts., Jan.*
Lloyd, J. *Anglesea, Aug.*
Loxley, W. H. *Eversham, April*
Lomas, J. *Manchester, March*
Low, R. F. N. *Mallow, Nov.*
Lowe, G. *Burton-on-Trent, May*
Lucas, R. *London, May*
Lucas, H. *Kilrush, Aug.*
Lukis, F. C. *Guernsey, Oct.*
Lupton, S. *Thame, Oxfordsh. Feb.*
Lush, J. A. *Wilts, July*
Macann, A. *London, Aug.*
M'Cormack, M. J. *Dublin, Nov.*
M'Donald, D. D. *Dublin, June*
M'Faddin, T. *Cavan, April*
M'Keand, R. H. *Manchester, Jan.*
Maitland, T. *Exeter, Feb.*
Mangles, M. *Guernsey, May*
Mansell, H. *Feb.*
Mantell, J. J. *Farringdon, Berks, June*
Mapleton, H. *Exeter, May*
Marriott, J. L. *Rochdale, June*
Mason, R. D. *Ipswich, May*
Matterson, W. *York, May*
May, H. *Sheffield, Aug.*
Mearns, G. *Insch, Aberdeens. June*
Melhuish, T. G. *Hoxton, Jan.*
Mercer, T. B. *Deal, June*
Miller, J. *Newc.-upon-Tyne, April*
Milne, J. *Forfarshire, Aug.*
Minter, J. M. *Flushing, Aug.*
Mitchell, J. *Aberdeenshire, Aug.*
Molloy, C. *Castleblany, May*
Moore, J. B. *Leicester, June*
Moore, W. H. *Woodbridge, June*
Morgan, J. *Eaton-upon-Trent, Salop., April*
Morgan, C. *Lautwit Major, May*
Morris, T. *Limerick, June*
Morris, J. *Shucknall, March*
Morris, R. T. *Upholland, Nov.*
Morton, R. K. *Great Yarm. May*
Mouat, J. *London, Aug.*
Munn, R. W. *Worcester, April*
Nasan, H. *Cork, April*
Nathan, C. *London, May*
Naylor, G. F. *Batley, Leeds, July*
Nesbitt, F. *Exeter, Dec.*
Newington, J. H. *Ticehurst, Aug.*
Newman, T. *Walton-hill, Gloucestershire, April*
Nicoll, C. R. *Derby, May*
Nichol, F. H. *Aberdeenshire, Aug.*
Nightingale, M. *Bengal, Feb.*
Nottage, J. B. *Lancaster, Dec.*
Nunn, A. J. *Wiltshire, Dec.*
Oldacres, W. *Gonaldson, Notts., May*
Oldham, H. *Upper Tooting, May*
O'Donovan, B. *Clonakilty, July*
O'Hara, H. L. *June*

Oliver, W. H. *Rotherhithe, Nov.*
Ollive, J. R. *Barnstaple, May*
O'Reilly, J. *Hertford, April*
O'Reilly, M. *Hertford, April*
Overton, M. *York, April*
Owen, H. J. *Shrewsbury, Aug.*
Palmer, H. P. *Winterbourne, Jan.*
Palmer, F. *Great Yarmouth, Feb.*
Parkerson, J. *Norfolk, May*
Parkinson, W. *Lancashire, Nov.*
Patterson, J. H. *Portsmouth, April*
Paul, A. *Winchester, May*
Paul, A. *Exeter, August*
Pearse, G. *London, Aug.*
Pease, J. *Tavistock, August*
Peck, W. R. *Kimbolton, Hants, May*
Percival, W. *Northampton, Dec.*
Peregrine, T. *London, June*
Perry, G. J. *Henbury, Bristol, Dec.*
Peters, J. *Cadiz, April*
Pettigrew, W. V. *Persia, April*
Phelan, R. *Feb.*
Phillips, R. *Haverford West, June*
Pickop, E. *Blackburn, May*
Pidcock, J. S. *Watford, March*
Pilling, W. *Manchester, Dec.*
Pinchin, G. W. *Limerick, Feb.*
Pinching, C. J. *Gravesend, May*
Pitt, J. B. *Worcester, May*
Plomley, J. *New S. Wales, Aug.*
Plues, W. A. *Ripon, July*
Potter, S. *Liverpool, August*
Pratt, W. *London, June*
Pring, F. B. *Mold, Flintsh. April*
Pritchett, C. *Radcliff, May*
Probert, J. *Lydbrook, Glou. June*
Puddicombe, J. M. *Dartmouth, March*
Pulay, F. S. *Dublin, May*
Pyke, W. *Wooton Rivers, May*
Pyper, R. D. *Tullamore, King's County, April*
Raine, R. E. *Isle of Man, April*
Raven, P. *Litcham, Norfolk, July*
Rawley, J. *Lancaster, April*
Rawlins, C. H. *Agra, E. Ind. Mar.*
Ray, C. *Finchley, Dec.*
Reaney, T. *Sheffield, Feb.*
Reckitt, W. *Boston, Jan.*
Rede, R. W. *Wickham-mark. July*
Reece, G. *Cardiff, August*
Reece, H. *London, April*
Reilley, P. *Plymouth, Nov.*
Rendel, C. *Tiverton, Devon. April*
Rendall, R. M. *Maiden Newton, Nov.*
Reynolds, J. A. *Balleyshannon, Nov.*
Ridsdale, G. *Durham, August*
Riggs, R. *Castle Pollard, Nov.*
Robertson, J. B. *Demerara, Feb.*
Robinson, C. *Weston, Bath, Dec.*
Robinson, W. T. C. *Weymouth-st. April*
Rogers, P. *Cork, Dec.*
Rush, W. M. *Clifton, July*
Russ E. *Castlecary, August*
Russell, S. K. *Shrewsbury, May*
Salmon, J., R.N. *April*
Salter, T. B. *Dorset, Nov.*
Samuel, J. B. *London, Nov.*
Samuel, H. *London, Feb.*
Sang, R. *Coldstream, Berw. May*
Sargent, D. W. *Lancaster, Jan.*
Sarjant, W. K. *Liskeard, April*
Savage, H. *Thetford, Norfolk, May*
Savage, J. *Newry, May*
Sawer, T. *Exeter, May*
Scott, W. *Suffolk, Dec.*
Scott, C. H. *Portsea, April*
Sealy, W. F. *Bombay, Nov.*
Sealey, J. P. *Bristol, May*
Selkirk, J. *Bury, Lancashire, Oct.*
Semple, R. H. *London, March*
Shaw, T. *Kirkham, Lancash. Dec.*
Shiel, H. *Castle Dawsan, May*
Shore, H. *Sheffield, June*
Shurlock, M. *Guildford, July*
Simmons, F. *Croydon, July*
Slight, A. *Portsmouth, Jan.*
Small, J. *London, Jan.*
Small, T. *Boston, Lincolnsh. June*
Smiles, E. *Newcastle-upon-Tyne, Feb.*
Smith, J. T. *Much Hadham, Oct.*
Smith, G. *Staffordshire, Dec.*
Smith, H. *London, March*
Smith, A. *Bristol, May*
Smith, J. *Nottingham, May*
Smith, T. *Leeds, August*

Somerville, H. *Stafford, August*
Springall, J. *Surrey, Dec.*
Stanning, R. *Oxford, June*
Stapleton, J. W. *Trowbridge, Aug.*
Steel, Rich. J. P. *Lond. May*
Stewart, H. J. *London, June*
Stokes, J. *Tipperary, Aug.*
Sullivan, M. O. *Kerry, July*
Sutton, J. H. *Yoxall, Staff., June*
Swale, T. *York, April*
Sydney, A. O. E. *July*
Symonds, F. *Oxford, April*
Talbot, T. *Roscrea, Oct.*
Tamplin, R. W. *London, Nov.*
Taylor, W. S. *Leeds, Jan.*
Taylor, T. *London, April*
Taylor, E. *Duffield, June*
Taynton, H. *London, Dec.*
Teale, J. *Leeds, June*
Tilley, S. *Bermondsey, Nov.*
Tillett, J. W. *Colchester, Dec.*
Thompson, J. *Yorkshire, Nov.*
Thomson, F. F. *Worcester, July*
Thompson, C. T. *Brightwell, Oct.*
Thomson, J. B. *Ramsgate, April*
Trenerry, C. *Gibraltar, Dec.*
Trew, W. *London, March*
Tuck, T. R. *London, Oct.*
Tucker, F. H. *Halifax, Yorks. June*
Turner, G. *Brewood, Staff. May*
Twinning, W. *Nova Scotia, May*
Vallack, A. *Sydney, N. S. W. Dec.*
Verdon, M. *Drogheda, June*
Vernon, J. D. *Sligo, Aug.*
Vores, W. *Northampton, June*
Wade, T. *Kilcock, July*
Waddy, J. *June*
Walford, J. L. *Colchester, June*
Walker, F. M. *Chesterfield, Dec.*
Walker, W. C. *London, May*
Walker, B. *R. Hosp. Chelsea, May*
Ward, S. *Stowmarket, April*
Warren, F. H. *Exeter, May*
Warner, F. *Botley, Hants, May*
Watkin, T. L. *Newcastle-upon-Tyne, June*
Watkinson, H. J. *Halifax, May*
Waters, R. *Exeter, May*
Watson, E. *Southampton, July*
Watt, J. D. *London, Nov.*
Weaver, L. *Liverpool, July*
Weddell, W. *Easingwold, June*
Welchman, E. *Warwick, July*
Wells, J. R. *London, May*
Wiblin, J. *Bath, June*
Williams, J. *Clapham, Oct.*
Williams, M. *Llandillo, Feb.*
Williams, W. W. *Dursley, May*
Williams, A. J. *Bala, Aug.*
Williams, W. *Tetbury, Aug.*
Wilson, W. T. *Armagh, Oct.*
White, W. N. *Dublin, Dec.*
White, J. P. *Egremont, Cumberland, May*
Whitchurch, N. *Melton Mowbray*
Whitfield, W. B. *London, July*
Whitaker, T. H. *Calcutta, April*
Wollaston, R. G. *Ludlow, May*
Wollaston, J. T. *Hereford, May*
Wood, J. A. *Uttoxeter, Nov.*
Wood, J. *Manchester, Dec.*
Wood, C. *Smyrna, Feb.*
Wood, S. *Shrewsbury, July*
Woodhouse, A. *London, May*
Wood, S. *Roscrea, June*
Wright, C. *London, May*
Wright, T. *Wolverhampton, June*
Wright, J. L. *Rotherhithe, Aug.*
Yarrow, S. *Loughborough, Dec.*
Yate, T. *Madeley, Salop., May*
Young, T. *London, Oct.*
Young, E. *Newton Abbot, May*

# SOCIETY OF APOTHECARIES OF LONDON.

*Union-street, Blackfriars.—Chartered*, 1616.

*Master.*—G. Johnson. *Wardens.*—J. Higham, Esq ; D. Clapton, Esq. *Assistants.*—M. Partington, Esq.: T. Wheeler, Esq.; H. Field, Esq.: J. Hurlock, Esq.; W. R. Macdonald, Esq.; J. Hill, Esq.; J. Nussey, Esq.; W. King, Esq.; J. Hingeston, Esq.; E. A. Brande, Esq.; W. Malim, Esq.; J. Seaton, Esq.; A. Williams, Esq.; H. Robinson, Esq.; J. Merriman, Esq.; J. W. Robins, Esq.; C. E. Clarke, Esq.; H. Blatch, Esq.; W. Bagster, Esq.; E. Wallace, Esq.; W. Payne, Esq.

Court of Examiners.—*Chairman.*—H. C. Field. T. Hardy, R. H. King, C. Smith, T. L. Wheeler, H. Combe, J. Hunter, J. B. Hill, E. Tegart, H. Morley, T. Ansell, A. M. Randall. *Secretary to the Court of Examiners.* R. B. Upton.

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## THE BOTANIC GARDEN.

*Professor of Botany.*—J. Lindley.

*Superintending Chemical Operator and Professor of Chemistry and Materia Medica.*—W.T.Brande.

*Chemical Operator.*—H. Hennell.

Also 126 Liverymen and 400 Yeomen.

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Every candidate for a Certificate to practise as an Apothecary, must produce testimonials of having served an apprenticeship of not less than five years to an Apothecary: of having attained the age of twenty-one: and of good moral conduct.

Students whose attendance on lectures commenced on or after the 1st of Oct., 1835, are required to produce proof of having attended, during three Winter and two Summer Sessions, lectures in the following order, and Medical Practice from the commencement of the second, to the termination of the third Winter Session.

Gentlemen whose indentures of apprenticeship bear date prior to Oct. 1st, 1835, and who can adduce satisfactory proof that they have not been permitted to commence attendance upon the Medical classes during their apprenticeship, will be allowed to complete their studies in conformity with the Regulations of Jan. 1835.

The Winter Medical Session commences Oct. 1st, and terminates in the middle of April, with a recess of fourteen days at Christmas: the Summer Session commences May the 1st, and ends July 31st.

*First Winter Session.* — Chemistry; Anatomy and Physiology; Anatomical Demonstrations; Materia Medica and Therapeutics.

*First Summer Session.*—Botany; and such other branches of study as may improve the student's general education.

*Second Winter Session.*—Anatomy and Physiology; Anatomical Demonstrations; Dissections; Principles and Practice of Medicine; Medical Practice of an Hospital.

*Third Winter Session.*—Dissections; Principles and Practice of Medicine; Medical Practice of an Hospital or Dispensary.

MIDWIFERY.

The Student is required to attend, in separate Sessions, Two Courses of Lectures on Midwifery and Diseases of Women and Children, each Course to consist of Sixty Lectures, including Examinations; these Lectures may be attended *at any time* subsequent to the termination of the First Summer Session; Practical Midwifery is also required, and may be attended *at any period* subsequent to the termination of the Second Winter Session.

The Student is required to attend the Medical Practice of a recognised Hospital, from the commencement of the Second Winter to the termination of the Second Summer Session; and from that time to the end of the Third Winter Session, the medical practice of an Hospital, or recognised Dispensary.

Students, when they present themselves for examination, must bring testimonials of having received instruction in Practical Chemistry during their attendance upon the Lectures on Chemistry, Materia Medica, or Forensic Medicine: and also of having attended a full course of Clinical Lectures, and such instruction in Morbid Anatomy as may be afforded them during their attendance at an Hospital.

Every Student will be required to bring a testimonial of having dissected the whole of the body once at least.

The other regulations remain the same as in the almanack of 1837.

*Names of Gentlemen having the care of the Registers.*

*Bath.*—R. T. Gore, Lecturer on Anatomy. *Birmingham.*—W. Sands Cox, Lecturer on Anatomy. *Bristol.*—Dr. Wallis; Hen. Clark; Lecturers on Anatomy. *Hull.*—E. Wallis; R. Craven; Lecturers on Anatomy. *Leeds.*—T. Pridgen Teale, Lecturer on Anatomy. *Liverpool.*—Dr. Malins, Lecturer on Medical Jurisprudence. *Manchester.*—T. Turner; T. Fawdington; Lecturers on Anatomy. *Newcastle.*—W. Morrison, Lecturer on Anatomy. *Sheffield.*—W. Jackson, Lecturer on Anatomy. *York.* J. Hopps, Lecturer on Anatomy.

Each Student at his first registration will receive the printed form on which he is to obtain the certificates of his Teachers.

## REGISTRATION.

All Students, in London, are required to appear personally, and to register the several classes for which they have taken Tickets; and those only will be considered to have complied with the regulations of the Court whose names and classes in the register correspond with the testimonials of the Teachers.

The book will be open for registration in the months of October and May: and for the registration of certificates of having *duly attended* such Lectures or Medical Practice, in the months of April and July.

The Court also require Students at the Provincial Medical Schools to register their names in their own hand-writing, in the order above stated, with the Registrar of each respective school.

## PRELIMINARY EXAMINATION.

Students may undergo their Latin Examination subsequently to their first registration. It consists in translating passages from the four first books of Celsus; and the first twenty chapters of Gregory's Conspectus Medicinæ.

# LONDON MEDICAL AND SCIENTIFIC SOCIETIES.

## MEDICAL SOCIETIES.

### THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY. — 53, BERNERS-STREET.—*Instituted* 1805.—*Chartered* 1834.

*Officers and other Members of the Council for the year* 1837-38.

*President.*—R. Bright, M. D., F. R. S.

*Vice-Presdents.* — R. Williams, M.D.; Thomas Addison, M.D.; J. F. South, Esq.; J. P. Vincent, Esq.

*Treasurers.*—S. Merriman, M.D.; J. M. Arnott, Esq.

*Secretaries.* — J. Clendinning, M.D.; J. G. Perry, Esq.

*Librarians.*—J. Thomson, M.D.; W. Coulson, Esq.

*Other Members of the Council.*—H. Earle, Esq., F. R. S.; T. Nelson, M D.; J. G. Andrews, Esq.; G. H. Weatherhead, M.D.; T. Copeland, Esq., F.R.S; R. Pinckard, M.D.; R. Partridge, Esq.; H. Lee, M.D.; J. Moore, M.D.; T. Davis, Esq., (Hampstead.)

*Assistant Librarian.* — Mr. Williams.

Members are admitted by ballot; pay an admission fee of six guineas; and three guineas annually. Members who reside more than seven miles from London pay no annual subscription. The Society publishes Transactions, of which twenty volumes have appeared.

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### THE MEDICAL SOCIETY OF LONDON. — 3, BOLT-COURT, FLEET-STREET. — *Instituted* 1773.

*President.*—T. E. Bryant, Esq.

*Vice-Presidents.* — Nath. Clifton, Esq.; J. Whiting, M.D.; Leonard Stewart, M.D.

*Treasurer.*—W. Shearman, M.D.

*Librarian.*—W. C. Dendy, Esq.

*Secretaries.*—E. Headland, Esq.; H. P. Robarts, Esq.

*Secretary for Foreign Correspondence.*—T. Davidson, M.D.

*Council.*—*Chairmen.*—W. B. Diamond, Esq.; S. Proctor, Esq.; J. R. Bennett, M.D.; H. Blenkarne, Esq.; C. Brady, Esq.; J. Courtenay, Esq.; E. Doubleday, Esq.; E. Evans, Esq.; W. R. Harrison, Esq.; W. Honeywood, Esq.; R. L. Hooper, Esq.; F. Hutchinson, Esq.; J. Johnson, M.D.; W. Kingdon, Esq.; E. H. Linnecar, Esq.; E. Leese, Esq.; R. Menzies, Esq.; E. Meryon, Esq.; C. Waterworth, Esq.

*To deliver the Oration in March,* 1838, T. Thompson, M.D.

*Questions for the Fothergillian Medal.*

For March, 1838. — "On the Structure, Economy, and Diseases of the Internal Ear."

For March, 1839. — "On the Use and Abuse of Mercury."

The Essays must be sent on or before the 1st of December, and the Medal is awarded the following year. Library contains 15,000 volumes. Fellows pay on admission two guineas, and the same sum annually.

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### WESTMINSTER MEDICAL SOCIETY.—*Instituted* 1809.

*Presidents.*—Dr. C. J. B. Williams, F. Hale Thomson, Esq.

*Vice-Presidents.* — Mr. Costello, Dr. Chowne.

*Committee.* — Messrs. Farrants, Maclure, Dr. Peregrine, Dr. Reid, Messrs. Roscoe, Smith, Streeter, Taylor, Thurnham, and Dr. Willis.

*Secretaries.* — Mr. Chance, Mr. Hardwicke.

*Treasurer.*—Mr. Millington.

The ordinary meetings of the Society are held at the Hunterian Theatre of Anatomy, Great Windmill-street. Admission, one guinea, perpetual.

### HUNTERIAN SOCIETY. — 4, BLOMFIELD-STREET, FINSBURY. —*Instituted* 1819.

*President.*—B. B. Cooper, Esq.

*Vice-Presidents.*—R. Bright, M.D., F.R.S.; Sir A. Cooper, Bart., F.R.S.; C. I. Fox, M.D.; W. Langmore, M.D.

*Treasurer.* — B. G. Babington, M.D., F.R.S.

*Librarian.*—T. Bull, M.D.

*Secretaries.* — W. Cooke, Esq.; H. M. Hughes, M.D.

*Council.* — J. Adams, Esq.; C. Aikin, Esq.; J. Babington, Esq., Miles Beale, Esq.; T. W. Bosey, Esq.; C. H. Barlow, M. D.; T. B. Curling, Esq.; C. Law, Esq.; J. C. W. Lever, Esq.; F. B. Lloyd, Esq.; J. Miles, Esq.; J. Roberts, Esq.

*Collector.*—Mr. T. West.

*For the Oration of March*, 1838, T. Hodgkin, M.D.

A good Library is in progress of formation for the use of the members.

### HARVEIAN SOCIETY. — 17, EDWARD-STREET, PORTMAN-SQUARE.—*Instituted* 1831.

No return of the officers for 1838 forwarded.

### PHYSICAL SOCIETY.—GUY'S HOSPITAL.—*Instituted* 1772.

*Honorary President.*—Sir A. Cooper, Bart.

*Presidents.* — Dr. Addison, Dr. Hughes, Dr. Guy, Mr. Key, Mr. Cock, Mr. Chapman.

*Honorary Secretaries.*—Dr. G. O. Rees, and Mr. Tweedie.

The Members of the Physical Society will hold their meetings during the session of 1837 and 1838, every other Saturday, from eight o'clock precisely unto half-past nine, p.m.

Students are recommended to attend the discussions, and may obtain cards of admission by applying at the Steward's office.

### MEDICO - BOTANICAL SOCIETY OF LONDON. — 32, SACKVILLE-STREET.—*Instituted* 1821.

*President.*—Earl Stanhope.

*Treasurer.* — Henry Cope, Jun., Esq.

*Secretaries.* — G. G. Sigmond, M.D.; John Foote, Jun., Esq.

*Conservator.*—Dr. Farre.

*Librarian.*—W. Judd, Esq.

*Professor of Botany.*—C. Johnson, Esq.

*Professor of Chemistry.*—T. Everitt, Esq.

*Professor of Toxicology.* — J. D. Morris, M.D.

*Professor of Materia Medica.*—Dr. Ryan.

There are no meetings during Christmas, Easter, and Passion week. Transactions of the Society are published. The Society has an extensive library, and a musuem of botanical specimens. Conditions of admission: Recommendation by three or more fellows, ballot. Admission fee, two guineas.

Annual subscription, two guineas, or composition £21.

Students' Medical Societies have been established; at Guy's Hospital, a Junior Physical Society, a Clinical Report Society at St. George's Hospital, a Medical Society at Bartholomew's, and another at University College.

Last year some of the most interesting facts that appeared in the reports were discussed at these Societies. An organisation of the students, similar to that of the *Societé Medicale d'Observation* in Paris, would greatly facilitate the advance of medical science.

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## BRITISH MEDICAL ASSOCIATION.

*Officers and Council.*

*President.* — G. Webster, Esq., M.D.

*Vice-Presidents.* — G. Parsons, Esq., R. N.; G. Pilcher, Esq.; R. Davidson, Esq.; E. Doubleday, Esq.; M. Hall, M.D., F.R.S., L. and E.; M. W. Hilles, Esq.

*Honorary Secretary.*—M. F. Wagstaffe, Esq.

*Treasurer.*—E. Evans, Esq.

*Auditors.*—J. S. Bristowe, Esq.; R. L. Hooper, Esq.; J. Howell, Esq.

*Other Members of the Council.*—S. J. Bayfield, Esq.; J. M. Beane, Esq.; C. Brady, Esq.; J. Butler, Esq.; J. Castle, Esq.; J. Clarke, Esq.; N. Delph, Esq.; W. Eales, Esq.; W. Farr, Esq.; Professor Grant, M.D., F.R.S.E.; C. H. R. Harrison, Esq.; W. Herring, Esq.; W. Hughes, Esq.; G. Hull, Esq., M.D.; C. Ireland, Esq.; G. D. Lane, Esq., R.N.; E. Linnecar, Esq.; R. Liston, Esq.; R. Menzies, Esq.; T. Porter, Esq.; J. J. Smith, Esq.; T Wakley, Esq., M.P.; H. Whitmore, Esq.

*Honorary Solicitor, (not a Councillor.)*—D. Davies, Esq., Leicester-square.

All meetings of the Association (except the Anniversary) are held at Exeter Hall, where communications may be made, addressed to the Secretary.

All legally qualified Members of the Profession are eligible.

By the Laws of the Association, two General Meetings of the members take place annually; the first, for general business, alteration of the laws, &c., in the month of March; the second, on the 30th of September, for general business, and to hold the Anniversary Festival.

The Council meet on the second and fourth Tuesdays of each month, at seven o'clock, P. M., and an ordinary meeting is held on every second Tuesday, at nine o'clock, after the Council meeting, to transact such business as any member may bring forward.

The names of members can be proposed and registered at all meetings, whether of the Council or of the Association.

Subscription, 1*l.* 1*s.* per annum; a third part of which goes to increase the Benevolent Fund.

## SCIENTIFIC SOCIETIES.

### ROYAL SOCIETY.

SOMERSET HOUSE.

*President.*—The Duke of Sussex.

*Treasurer.*—Francis Baily, Esq.

*Secretaries.*—P. M. Roget, M.D.; J. G. Children, Esq.

*Foreign Secretary.*—C. König, Esq.

*Assistant Secretary.* — J. D. Roberton, Esq.

*Librarian.*—W. E. Shuckard.

*Council.* — *George Biddell Airy, Esq.; W. Allen, Esq.; *John Bostock, M.D.; *Earl of Burlington; Samuel Hunter Christie, Esq.; *Viscount Cole, M.P.; J. H. Green, Esq.; *G. B. Greenhough, Esq.; W. Lawrence, Esq.; *John Lindley, P.L.D.; W. Lubbock, Esq., M.A.; Rev. G. Peacock, M.A.; *Wm. Hasledine Pepys, Esq.; *Rev. A. Sedgwick; W. H. Smith, Capt. R. N.; *W. H. F. Talbot, Esq.

The names marked * were not members of the last Council.

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### ROYAL INSTITUTION OF GREAT BRITAIN. — ALBEMARLE-STREET.

*President.*—The Duke of Sussex.

*Treasurer.*—W. R. Hamilton, Esq. F.R.S.

*Secretary.*—E. R. Daniel, Esq., F.R.S.

*Librarian.*—Mr. W. Mason.

*Professor of Chemistry.*—Wm. T. Brande, Esq., F.R.S.L. and E., &c.

*Professor of Natural and Experimental Philosophy.*—

*Professor of Botany.*—John Lindley, Esq., Ph.D., F.R.S., F.L.S., &c. &c. &c.

*Fullerian Professor of Chemistry, and Director of the Laboratory.* —M. Faraday, Esq. D.C.L., F.R.S.

*Fullerian Professor of Physiology.* —

*Assistant in the Laboratory.*—Mr. C. Anderson.

*Assistant Secretary.*—J. Fincher, Esq.

[*Regulations same as last year.*]

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### SOCIETY OF ARTS.—18, JOHN-STREET, ADELPHI. — *Instituted 1754, for the Encouragement of Arts, Manufactures, and Commerce.*

*President.*—The Duke of Sussex.

*Secretary.*—A. Aikin, Esq.

*Assistant Secretary.* — Mr. Thos. Woodfall.

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### STATISTICAL SOCIETY OF LONDON.—4, ST. MARTIN'S PLACE.—*Founded March 15th, 1834.*

*Officers*, 1837-38.

*President.*—Sir C. Lemon, Bart., M.P.

*Vice-Presidents.*—Right Hon. H. Mackenzie; G. R. Porter, Esq.; Lieut.-Col. Sykes; T. Tooke, Esq.

*Treasurer.*—H. Hallam, Esq.

*Honorary Secretaries.*—W. Greig, Esq.; C. H. Maclean, Esq.; R. W. Rawson, Esq.

*Assistant Secretary.*—W. R. Deverell, Esq.

Mr. Auther, *Clerk*.

*Collector.*—Mr. T. Paule.

There are upwards of four hundred Fellows. They are admitted by ballot, and must have three-fourths of the votes in their favour. The Annual Subscription is two guineas, due on the 1st of January. Fellows may compound for future payments, at any time, by paying twenty guineas. A Library of Statistical works is forming. An interesting volume of Transactions has been published. The Society has published an interesting tract of proceedings.

## GEOLOGICAL SOCIETY.

SOMERSET HOUSE. — *Instituted*, 1807.—*Incorporated*, 1826.

*President.* — Rev. W. Whewell, A.M.

*Vice-Presidents.*—Rev. W. Buckland, D.D.; H. Fitton, M.D.; G. B. Greenough, Esq.; R. J. Murchison, Esq.

*Secretaries.*—R. Hutton, Esq.; J. F. Royle, M.D.

*Foreign Secretary.* — H. T. De la Beche, Esq.

*Treasurer.*—J. Taylor, Esq.

*Curator and Librarian.*—W. Lonsdale, Esq.

Persons living within twenty miles of London may become members by paying an admission fee of six guineas, and three guineas annually; or thirty guineas in lieu of annual payment. Persons living at a greater distance from London than twenty miles make one payment of 10*l.* 10*s.*

The Society publishes Transactions. It possesses a good library, and a museum of Mineralogical and Fossil remains.

## ZOOLOGICAL SOCIETY.

28, LEICESTER-SQUARE.

*Instituted*, 1826, for the advancement of Zoology, and the introduction and exhibition of subjects of the Animal Kingdom, alive or in a state of preservation.

*President.*—Earl of Derby, D.C.L., F.L.S., &c.

*Vice-Presidents.* — T. Bell, Esq., F.R.S.; Lord Braybrooke, LL.D.; John Hamilton, Esq.; Viscount Gage, M.A.; W. Yarrell, Esq., F.L.S., &c.

*Treasurer.*—C. Drummond, Esq.

*Secretary.*—W. Yarrell, Esq.

Members are admitted by ballot, pay an admission fee of 5*l.*, and 3*l.* annual payment; or 35*l.* in lieu of annual payments.

The Society has a library, an extensive museum, and public gardens, and publishes Transactions. A Report is also published of the state of funds, &c.

## LINNEAN SOCIETY.

SOHO-SQUARE.

*President.*—Duke of Somerset.

*Vice-Presidents.*—R. Brown, Esq.; the Bishop of Norwich, D.D.; E. Forster, Esq, F.R.S.

*Secretary.*—F. Boot, M.D.

*Treasurer.* — E. Forster, Esq., F.R.S.

The Society possesses an excellent library and museum, which are open to members: the former on Monday, Tuesday, and Thursday; the latter on Wednesday and Friday, until four o'clok in the afternoon. The Society publishes Transactions.

## HORTICULTURAL SOCIETY OF LONDON. — REGENT-ST. —*Incorporated*, 1808.

*Officers.*

*President.*—T. A. Knight, Esq.

*Vice-Presidents.* — E. Barnard, Esq.; H. M. Dyer, Esq.; A. Henderson, M.D.; G. Loddiges, Esq.

*Treasurer.*—E. Edgar, Esq.

*Secretary.*—G. Bentham, Esq.

*Assistant-Secretary.*—J. Lindley, D.Ph.

*Gardener.*—Mr. D. Munro.

The fee to be paid on the election and admission of a new Fellow is six guineas, and four guineas per annum, payable on the 1st of May, which may be compounded for, by the payment of forty guineas at any one time, before the contribution of the current year becomes due. Nine volumes of Transactions are published.

### BOTANICAL SOCIETY.

*List of the Officers, &c., not sent.*

### PHRENOLOGICAL SOCIETY.

1837-8.

*President.*—John Elliotson, M.D., F.R.S.

*Vice-Presidents.*—J. Moore, M.D.; J. I. Hawkins, Esq.; Professor C. Wheatstone, F.R.S.; T. R. Fearnside, Esq.

*Treasurer.*—J. B. Sedgwick, Esq.

*Secretary.*—E. S. Symes, Esq.

*Librarian.*—W. J. E. Wilson, Esq.

*Curator.*—W. Hering, Esq.

P.S. The Anniversary Meeting is on the 31st of March. There are between seventy and eighty members. Admission fee one guinea; annual subscription, a guinea. There are a small library, and several hundred casts of heads and skulls; and forty or fifty real skulls.

### ROYAL GEOGRAPHICAL SOCIETY.—21, REGENT-STREET.—*Instituted*, 1830.

*President.*—W. R. Hamilton, Esq., F.R.S.

*Vice-Presidents.* — Sir J. Barrow. Bart.; Colonel Fanshawe; G. B Greenough, Esq.; Sir W. Parish.

*Treasurer.*—J. Biddulph, Esq.

*Trustees.*—Sir G. T. Staunton, Bart.; F. Baily, Esq.; J. Biddulph, Esq.

*Secretaries.*—Captain Washington; Rev. G. C. Renouard, *Foreign and Hon.*

The Society has a good library, with a collection of maps and instruments connected with Geographical science, to which all members have access; also strangers, by their orders, under certain restrictions.

They publish a Journal, seven volumes of which are issued, price 7*s.* 6*d.* each volume.

Admission fee, 3*l.*; annual subscription, 2*l.*

### BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.—1830.

*Officers of the Council for* 1837-8.

*President.* —The Duke of Northumberland.

*Vice-Presidents.*—Earl of Durham; Rev. V. Harcourt; P. J. Selby, Esq.

*Secretaries.* — J. Adamson, Esq.; R. Hutton, Esq.; Professor Johnstone, of Durham.

*Treasurers.*—Rev. W. Turner; C. Bigge, Esq.

*General Secretaries.* — F. Baily, Esq.; Professor Peacock.

*Auditors.*— Messrs. Hutton, Lubbock, and Porter.

The last meeting was held at Liverpool, Sept. 11th to 18th. The next will be held at Newcastle-upon-Tyne in September.

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## BENEVOLENT SOCIETIES.

### SOCIETY FOR THE RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN IN LONDON AND ITS VICINITY.—*Instituted*, 1788.

*Report not forwarded by Secretary.*

MEDICAL BENEVOLENT SOCIETY.—*Instituted* 1816.

*Patron.*—The Duke of Sussex.

*President.*—J. Latham, M.D.

*Vice-Presidents.*—J. Hull, M.D.; Sir H. Halford, Bart.; Sir M. T. Tierney, Bart.; Sir A. P. Cooper, Bart.; J. P. Vincent, Esq.; Robert Keate, Esq.; E. A. Brande, Esq.; J. Nussey, Esq.; E. Bean, Esq.

*Directors.* — H. Holland, M.D.; H. Roots, M.D.; Sir C. M. Clarke, Bart.; W. F. Chambers, M.D.; G. M. Burrows, M.D.; J. Warburton, M.D.; R. Blagden, Esq.; T. Bell, Esq.; T. Copeland, Esq.; R. R. Pennington, Esq.; H. Earle, Esq.; H. Alexander, Esq.; J. Freeman, Esq.; R. James, Esq.; J. H. Pope, Esq.; M. Tupper, Esq.; T. Hammerton, Esq.; G. Fincham, Esq.

*Trustees.* — J. Latham, M.D.; J. Bayford, Esq.; R. Ogle, Esq.; Sir C. M. Clarke, Bart.

*Treasurers.* — H. Clutterbuck, M.D., New Bridge-street; H. Field, Esq.; R. Ogle, Esq.

*Secretary.*—Mr. W. Mallin, Jun., Southampton-row, Russell-sq.

*Collector.*—Mr. F. Wilson, Knight Rider-street, Doctors' Commons.

*Bankers.*—Messrs. Childs, Temple Bar.

The Society has now £7400 in the three per cent. Bank Annuities. Last year it had a munificent benefaction from B. B. Cabell, Esq., of £100. The terms of admission are one guinea paid down; and one guinea per annum in advance; or twenty guineas at one payment. There are 201 members. In the year, April 1836-7, receipts £495; expenditure, £25 applied to the relief of a member, £41 in other expenses.

This Society was established in the year 1816, for the purpose of affording relief to such of its members "as are in distressed circumstances, from mental or bodily infirmity, or who, from other causes, shall be considered as requiring and deserving of assistance."

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THE ARMY MEDICAL OFFICERS' BENEVOLENT SOCIETY.—ARMY MEDICAL BOARD-OFFICE. — *Instituted, May*, 1820.

*President.* — Sir C. Ker, M.D., Principal Inspector-General of the Army Medical Department.

*Vice-Presidents.*—Dr. Renny, Director-General in Ireland; Sir C. M. Clarke, Bart.; T. Gordon, Esq., Principal Inspector-General.

The Anniversary Meeting is held at the Thatched House Tavern, St. James's-street, on the 20th of May.

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THE ASSURANCE SOCIETY OF THE OFFICERS OF THE MEDICAL DEPARTMENT OF THE ARMY. — *Instituted* 1816.

*President.*—Sir J. M'Grigor, Bart.

*Vice-Presidents.*—Sir M. Tierney, Bart.; Sir C. Ker., M.D.; W. Somerville, M.D.

*Secretary.*—Mr. T. Tanner.

The Anniversary Meeting is held at the Thatched House Tavern, St. James's-street, on the 20th of May.

# ARMY MEDICAL BOARD.

13, ST. JAMES'S-PLACE.

*Director-General.*—Sir J. M'Grigor, Bart., M.D., F.R.S., K.T.S., Physician Extraordinary to the Queen. *Deputy Inspector General of Hospitals.*—T. Gordon, M.D. *Agent.* — J. Kirkland, Esq.

## MEDICAL DEPARTMENT OF THE ARMY.

The name of no gentleman can be placed on the list who does not possess the diploma of either of the Colleges of Surgeons of London, Edinburgh, or Dublin, and who cannot produce the following testimonials:

18 Months' attendance on an hospital of celebrity, where the average number of in-patients is not less than 80.
24 ——— Anatomy.
12 ——— Practical Anatomy.
12 ——— Surgery, or (what is preferred) 6 months' Surgery, and 6 months' Military Surgery.
6 ——— Clinical Surgery, a complete course of two or three Lectures during the week.
12 Months' Practice of Physic, or 6 months' practice of Physic, and 6 of general Pathology.
6 Months' Clinical Lectures on ditto, the same as required in Surgery.
12 ——— Chemistry.
6 ——— Practical Chemistry.
3 ——— Botany.
3 ——— Materia Medica.
3 ——— Practical Pharmacy or Apprenticeship.
4 ——— Natural History.
4 ——— Midwifery.

2nd. The candidates must be unmarried, not beyond twenty-six years of age, nor under twenty-one years.

3rd. Candidates who have had an University education, and who have the degree of A.M. as well as that of M.D., will be preferred; but a liberal education, and a competent knowledge of the Greek and Latin languages are indispensably requisite in every candidate.

4th. Although the British schools are specified, it is to be understood that candidates who have received a regular education in approved foreign universities or schools will be admitted to examination.

## ARMY MEDICAL OFFICERS.

| RANKS. | Rates of Daily Pay subject to certain Provisions. | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | After 25 years' actual Service. | | | After 20, but under 25 years' actual Service. | | | After 10, but under 20 years' actual Service. | | | Under 10 years' actual Service. | | |
| | £ | s. | d. | £ | s. | d. | £ | s. | d. | £ | s. | d. |
| Assistant Surgeon ............ | 0 | 10 | 0 | 0 | 10 | 0 | 0 | 10 | 0 | 0 | 7 | 6 |
| Regimental Surgeon ......... | 1 | 2 | 0 | 0 | 19 | 0 | 0 | 15 | 0 | 0 | 13 | 0 |
| Staff Surgeon ,.................. | 1 | 3 | 0 | 1 | 0 | 0 | 0 | 16 | 0 | 0 | 14 | 0 |
| Assistant Inspector of Hospitals .................... | 1 | 4 | 0 | 1 | 2 | 0 | 0 | 19 | 0 | 0 | 0 | 0 |
| Deputy Inspector General of ditto ..................... | 1 | 10 | 0 | 1 | 8 | 0 | 1 | 4 | 0 | 0 | 0 | 0 |
| Inspector General of Hospitals ........................ | 2 | 0 | 0 | 1 | 18 | 0 | 1 | 16 | 0 | 0 | 0 | 0 |

# MEDICAL DEPARTMENT OF THE NAVY.

ADMIRALTY, SOMERSET HOUSE.

*Physician-General of the Navy.*—Sir. W. Burnett, K.C.H. *Chief Clerk.*—J. Bynon, Esq.

## ROYAL HOSPITAL, HASLAR.

*Physician.*—I. Wilson. *First Surgeon.* — J. Mortimer. *Second Surgeon and Lecturer.*—J. Scott. *Junior Surgeon and Medical Storekeeper.* — J. Henderson. *Agent and Steward.*—J. C. Weir.

## ROYAL HOSPITAL, PLYMOUTH.

*Physician.*—Sir D. J. H. Dickson. *Surgeon.*—R. Armstrong. *Junior Surgeon and Medical Storekeeper.* — W. Rae. *Agent and Steward.*—T. Grant.

## ROYAL MARINE INFIRMARIES AND NAVAL HOSPITALS.

*Chatham. Surgeon.*—J. Richardson. *Purveyor.*—G. Hookey.

*Woolwich. Surgeon.*—H. Parkin. *Purveyor.*—Capt. G. Varlo.

## ROYAL MARINE INFIRMARIES.

*Portsmouth. Surgeon.*—D. Quarrier.

*Plymouth. Surgeon.*—I. Ryall.

Number of Surgeons on the Navy List, 680. Assistant-Surgeons ditto, 282.

## CONDITIONS OF ENTERING THE NAVY.

*See Almanack* 1837, *page* 72.

By the Rules of the Service, no assistant surgeon can be promoted to the rank of surgeon, until he shall have served three years in the former capacity, one year of which must be in a ship actually employed at sea; and it is resolved that not any diploma or certificate of examination from either of the aforesaid Royal Colleges, shall be admitted towards the qualification for surgeon, unless the diploma or certificate shall be obtained on an examination passed after a period of not less than three years from the date of the party's admission into the Service; and whenever assistant surgeons already in the Service (whose professional education may not be in accordance with the above) obtain leave to study previously to their passing for surgeon, they will be required on their examination to produce testimonials of their having availed themselves of the period of leave to complete their education agreeably to these Regulations.

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# QUALIFICATIONS REQUIRED FOR ADMISSION AS ASSISTANT SURGEONS IN THE EAST INDIA COMPANY.

A certificate in proof of being twenty-two years of age.

A diploma from the College of Surgeons in London, Dublin, Glasgow, or Edinburgh.

An examination by the Company's Examining Physician, Dr. Hume, in Medicine, Anatomy, Physiology, &c.; he must also produce a certificate of 6 months' attendance to Physician's practice, in a hospital containing 100 beds at least. Other blank certificates, on a paper to be obtained by application, are required to be filled up; these relate to age, health, and one from the parent or guardian, and a nomination certificate.

## METROPOLITAN COMMISSIONERS OF LUNACY.—

OFFICE, 6, JOHN-STREET, ADELPHI.—Sept. 8th, 1837.

The Right Honourable the Lord High Chancellor of Great Britain has, under the authority of the Act 2nd and 3rd William IV., cap. 107, appointed Lord Seymour; Lord Ashley; Robert Gordon, Esq.; Robert Vernon Smith, Esq.; John Abel Smith, Esq,; Colonel James Clitherow; Lieutenant-Colonel William Henry Sykes; Lieutenant-Colonel Edward Clive; Edmund Halswell, Esq; George Acklom, Esq.; the Rev. Dr. George Shepherd; James William Mylne, Esq.; Bryan Waller Procter, Esq.; Dr. Thomas Turner; Dr. John Bright; Dr. Henry Herbert Southey; Dr. John Robert Hume; and Dr. Edward James Seymour: to be the Metropolitan Commissioners in Lunacy, during the space of one year, for licensing and visiting all houses within the jurisdiction of the said Commissioners, and for carrying into effect the several provisions of the said Act.—By order,

EDWARD DU BOIS,
Clerk and Treasurer.

## COMMISSIONERS OF LUNATICS.—*Court of Chancery.*

W. Phillimore, Esq., 6, Stone-buildings, Lincoln's Inn; E. Winslow, Esq.: — Blunt, Esq., Old-square; — Murray, Esq.

## ACT RELATIVE TO VISITORS OF LUNATICS.

By the Statute 3rd and 4th William IV., c. 36, the Lord Chancellor may appoint three persons, two of whom shall be physicians, and one a barrister-at-law, to be visitors, (at the annual salary of £500 to each of the medical visitors, and £300 to the legal visitor, and travelling expenses,) to superintend and report to him on the care and treatment of persons found idiots, lunatics, or of unsound mind by inquisition. The visitors are, Dr. W. Macmichael, Dr. H. H. Southey, W. Phillimore, Esq.

## HER MAJESTY'S MEDICAL ESTABLISHMENT.

*Physicians in Ordinary.* — Sir J. Clark, Bart., M.D.; Sir H. Halford, Bart., M.D.; W. F. Chambers, M.D.

*Sergeant Surgeons.* — Sir A. P. Cooper, Bart.; Sir B. C. Brodie, Bart.; R. Keate, Esq.

*Physician to the Household.*—Sir James Clark, Bart., M.D.

*Surgeon to the Household.* — J. Phillips, Esq.

*Apothecary to the Person.* — J. Nussey, Esq., and E. D. Moore. Esq., jointly.

*Apothecary to the Household.*—J. Nussey, Esq., and C. Cradock, Esq., jointly.

*Physicians Extraordinary.* — Sir J. M'Grigor, Bart., M.D.; H. Holland, M.D.; P. M. Latham, M.D.; R. Bright, M.D.; N. Arnott, M.D.

*Surgeons Extraordinary.*—B. Travers, Esq.; T. Copeland, Esq.; W. Lawrence, Esq.; H. Earle, Esq.; R. Blagden, Esq.

*Apothecaries Extraordinary.* — Messrs. Merriman.

## *Time of Meeting of the Medical and other Societies, for* 1837—8.

| SOCIETIES. | Time of Meeting | November. | December. | January. | February. | March. | April. | May. | June. | ANNIVERSARY MEETINGS. |
|---|---|---|---|---|---|---|---|---|---|---|
| | P.M. | | | | | | | | | |
| *Antiquarian,* Somerset House ... | Thurs. 8 | 16, 23, 30 | 7, 14, 21, 28 | 4, 11, 18, 25 | 1, 8, 15, 22 | 1, 8, 15, 22, 29 | 5, 12, 19, 26 | 3, 10, 31 | 7, 14 | ................ |
| *British Medical Association,* | Tues. 7 | 14, 28 | 12, 28 | 9, 23 | 13, 27 | 13, 27 | 10, 24 | 8, 22 | 12, 26 | ................ |
| *Geographical,* | Mon. 9 | 15, 29 | 13, 27 | 8, 22 | 5, 19 | 5, 19 | 9, 23 | 7, 21 | 4, 18 | May 21.1p.m |
| *Geological,* Somerset House ... | Wed. 8 | 1, 15 | 6, 20 | 3, 17 | 7, 21 | 7, 21 | 11, 25 | 9, 23 | 13 | Feb.20.1p.m |
| *Horticultural,* | Tues. 2 | 7 | 5 | 17 | 7, 21 | 7, 21 | 4, 18 | 2, 16 | 6, 20 | May 1. 1 p.m |
| *Hunterian,* Blomfield-st.Finsb. | Wed. 8 | 1, 15, 29 | 6, 20, 27 | 10, 24 | 14, 28 | 14, 28 | 11, 25 | 9, 23 | 13 | Feb.17.1p.m. |
| *Linnean,* Soho-square ......... | Tues. 8 | 7, 21 | 5, 19 | 16 | 6, 20 | 6, 20 | 3, 17 | 8, 22 | 5, 19 | May24.3p.m |
| *London Medical,* Bolt-court ........... | Mon. 8 | 6, 13, 20, 27 | 4, 11, 18 | 1, 8, 15, 22, 29 | 5, 12, 19, 26 | 5, 12, 19, 26 | 2, 9, 16, 23, 30 | 7, 14, 21, 28 | .............. | March 8. |
| *Medico-Botanical,* Sackville-street. .... | Tues. 8 | 7, 21 | 12, 26 | 9, 23 | 13, 27 | 13, 27 | 10, 24 | 8, 22 | 12, 26 | ................ |
| *Phrenological,* Newman-street ..... | Mon. 8 | 6, 20 | 4, 18 | 1, 15 | 5, 19 | 5, 19 | 2, 16 | 7, 21 | .............. | March 31. |
| *Royal,* Somerset House ... | Thur. 8½ | 16, 23 | 7, 14 | 4, 11, 18, 25 | 1, 8, 15, 22 | 1, 8, 15, 22, 29 | 12, 19, 26 | 3, 10, 17, 24 | 7, 15 | Nov10.11a.m |
| *Royal Astronomical,* Somerset House ... | Friday 8 | 10 | 8 | 12 | 9 | 9 | 13 | 11 | 8 | Feb.13.3p.m. |
| *Royal Medic. Chirurgical,* Berners-street. | Tues. 8 | 14, 28 | 12, 26 | 9, 23 | 3, 27 | 13, 27 | 10, 24 | 8, 22 | .............. | ................ |
| *Royal Institution,* Albemarle-street ... | Friday 8 | ................ | .............. | 19, 26 | 2, 9, 16, 23 | 2, 9, 23 | 13, 20, 27 | 4, 11, 18, 25 | 1, 8 | ................ |
| *Society of Arts,* Adelphi ............ | Wed. 7½ | 1, 8, 15, 22, 29 | 6, 13, 20 | 10, 17, 24, 31 | 7, 14, 21 | 7, 14, 21, 28 | 4, 11, 18, 25 | 2, 9, 16, 23, 30 | 6, 13 | ............... |
| | IllusTu8 | 7 | 12 | 9 | 13 | 13 | 10 | 8 | 12 | ................ |
| *Statistical.* St. Martin's-place.. | Mon. 8 | 20 | 18 | 15 | 19 | 19 | 16 | 14 | 18 | Mar.15.3p.m |
| *Westminster Medical* | Sat. 8 | 4, 11, 18, 25 | 2, 9, 16 | 6, 13, 20, 27 | 3, 10, 17, 24 | 3, 10, 17, 24, 31 | 7, 14, 21, 28 | 5, 12, 19, 26 | 2, 9, 16, 23 | ................ |
| *Zoological,* | Thurs. 7 | 14 | | | | | | | | |
| Bruton-street..... | Tues. 8½ | 28 | 12, 26 | 2, 16 | 6, 20 | 6, 20 | 3, 17 | 1, 15 | 5, 19 | ................ |

# LONDON HOSPITALS.

Accidents, and cases of great emergency, are admitted at all times, without recommendation, into the London Hospitals. The days and hours of attendance are fixed by the medical officers themselves; some attend more, some less frequently, than is stated. Next year we shall give the actual number of clinical lectures delivered at each institution.

## GENERAL HOSPITALS.

**ST. BARTHOLOMEW'S HOSPITAL.**—West Smithfield.—Founded by Henry VIII., 1539.

*Physicians.*—Hue, M. Th. S. at half-past 11; Latham, M. Tu. F. at 1 o'cl.; Roupell, M. W. F. at half-past 12. *Assistant Physicians.*—G. Burrows, F. Farre, Jeafferson; one attends daily to prescribe for out-patients. *Surgeons.*—J. P. Vincent, Tu. T. S. at half-past 12; H. Earle, T. F. S. at half-past 12; W. Lawrence, M. W. F. at half-past 12.—*Assistant Surgeons.*—E. Stanley, E. A. Lloyd, F. G. Skey.

Clinical Lectures on Surgery are delivered during the summer's session by Mr. Earle and Mr. Lawrence. St. Bartholomew's Hospital contains 540 beds; 365 are allotted to surgical cases, (of these 100 to venereal cases,) and 175 to medical cases.

| Periods of 10 Years. | Average Annual Number of In-patients. | Died. | Average Number Remaining. |
|---|---|---|---|
| 1790-9 | 3660·1 | 322·9 | 445·4 |
| 1800-9 | 3554·5 | 320·1 | 436·3 |
| 1810-9 | 2971·5 | 260·1 | 395·8 |
| 1820·9 | 3855·5 | 309.7 | 475·5 |
| 5 Years. | | | |
| 1830-4 | 4748·2 | 378·8 | 472.6 |

Total number of patients, 164156; dead, 14022; in the house, 19895. In the return, the patients given year by year amount to 184051; but they probably include the numbers remaining from the previous year; as a correction, 19895 have been deducted. The mean number remaining is a near approximation to the average number under treatment. Mortality ·08542; duration of treatment, 44.27 days; deaths in 36·5 days, ·06995. The mortality was at its minimum in 1810-29, at its maximum in 1800-9 and 1830-4. In the fifteen years (1820-34), 11270 males, 11411 females were admitted as physician's patients; 27580 males, 19147 females, as surgeon's patients. The proportional numbers of the four classes were ·16, ·16; 40, ·28. The mortality is probably kept comparatively low by the slight excess of male patients, and the excess of surgical cases, a great number of which are syphilitic. *See Lock Hospital.*

**ST. THOMAS'S HOSPITAL,** Southwark.—Founded by Edward VI., 1553.

*Physicians.*—Williams, M. Th.; Roots, W. S.; Burton, Tu. F.; (hour of visiting 1 P.M.). Dr. Lister (*Assistant Physician*) sees out-patients Tu. and Th. at 11 A.M.—*Surgeons.*—B. Travers, Tu. and F. at 9 A.M.; J. H. Green, W. and Sa. at 11 A.M.; F. Tyrrell, M. and Th. at 9 A.M. J. F. South (*Assistant Surgeon*) sees out-patients on M. and W. at 11 A.M. *Apothecary.*—R. Whitfield.

The admission day for patients is Tu. at 10 o'clock. There are 19 wards in the hospital; 12 surgical, 7 medical, or 250 surgical beds, and 200 medical. Post-mortem examinations are conducted by Dr. Barker. There is a good museum, and a small library for the use of students attached to the hospital.

Days for operation, Friday, at 1 o'clock. Clinical clerks may obtain offices gratuitously. Price of a dressership for 6 months, 32*l.* 12*s.*; for 12 months, 51*l.* 2*s.*

**GUY'S HOSPITAL.**—Founded 1721, at the sole charge of Thomas Guy, and during his lifetime.

*Physicians.*—R. Bright, M. Fr.; Addison, Tu. S., Babington, M. Th. All attend at half-past 12. *Consulting Surgeon.*—Sir A. P. Cooper, Bart. *Surgeons.*—C. A. Key, M. Th.; J. Morgan, W. S.; and B. B. Cooper, Tu. F., at half-past 12; T. Callaway attends daily. *Apothecary.*—R. Stocker.

Admission day for patients, W. at 10 A.M. An Eye Infirmary is attached to the hospital, which is attended by Mr. Morgan, on M. and F. at 12. A lying-in charity, and a lunatic asylum, are connected with the hospital. There are an extensive museum of morbid and anatomical preparations, and of comparative anatomy; and wards devoted to clinical illustrations, which will commence the first week in November. The Clinical Report Society—founded and conducted by the students—is an interesting feature in this school. All the cases are, we understand, accurately registered.

The school has been deprived of the services of Dr. Hodgkin; to whose labours and talents the museum owed so much of its value.

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WESTMINSTER HOSPITAL—Broad Sanctuary, opposite the Abbey.—Founded, 1719. Incorporated 1836.

*Physicians.*—J. Bright, Tu. Fri.; Roe, W. S.: Burne, M. and S. *Assistant Physician.*—Basham, daily. *Surgeons.*—Sir A. Carlisle, Tu. S.; White, M. S.; G. J. Guthrie, Th. S.; W. B. Lynn, Tu. W. F. S. *Assistant Surgeon.*—Hall Thomson, Tu. and Fri. *Apothecary.*—J. Thurnham. House Surgeons are chosen from the dressers by the surgeons on paying a fee of 105*l.* Students may become dressers and clinical clerks gratuitously for a short time.

Clinical lectures are given occasionally.

In 1836, the number of in-patients treated, amounted to 1004; out-patients, 5850. (?) Expenditure 4202*l.*

Three years, 1833-5. Admitted, males, 1453, females, 1082. Dead, males, 177 (·122); females, 83 (·077). Mean mortality of the two sexes, 9·93; of all the cases, 10·26 per cent. Mean term of treatment, 36·9 days. Average number in the house, 85·45; out-patients, 11826.

Cases admitted, 1 year, Sept. 1, 1835-6.—Rheumatism, 101. Continued fever, 30; died, 3. Pneumonia, Bronchitis, and Pleuritis, 20; died, 6. Poison, 6; died, 1. Phthisis, 43; died, 15. Erysipelas, 18; died, 2. Amenorrhœa and Chlorosis, 21. Hysteria, 12. Delirium Tremens, 5; died, 1. Fractures of bones of extremities, 57; died, 3. Fractures of ribs, 15; died, 1. Burns and scalds, 14; died, 5. Other diseases and accidents, 650; died, 63. Total 992. Total deaths, 100. (Mr. Thurnham.)

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ST. GEORGE'S HOSPITAL, Hyde Park Corner.—Instituted, 1733.—Incorporated, 1834.

*Physicians.*—W. F. Chambers, J. Wilson, M. W. and F.; E. J. Seymour, and R. Macleod, Tu. Th. and S.; all at half-past 12. *Assistant Physician.*—J. Hope; attends daily. *Surgeons.*—R. Keate, and Sir B. C. Brodie, Bart. M. W. and F.; C. Hawkins, and G. G. Babington, Tu. Th. and S.; all at half-past 12 o'clock. *Assistant Surgeons.*—R. B. Walker, and E. Cutler. *Apothecary.*—Hammerton.

In-patients are admitted on W. at half-past 12. Operation day, Th. at 1 o'clock. Clinical clerks and surgeons' dressers may be obtained gratuitously. The house surgeons are elected from dressers, who are properly qualified for the duties.

Clinical Lectures are given by several of the surgeons and physicians.

Patients treated during 1836, 7053. 2245 were in-patients, 4808 out-patients. Receipts in 1836, 11993*l.*, 3664*l.* being from life and annual subscriptions of governors. Expenditure 11435*l.* Medical and surgical expenses, 1509*l.* 5 years, 1830-4. In-patients treated, M. 5803, F. 3697. Physician's patients, 3877; surgeons, 5723. Discharged, cured, 4049; relieved, 317; as improper, 39; as irregular, 128, dead, 1075=8420. The real number admitted, after deducting the "remaining" was 8425. The mortality of cases was 12·8 per cent.; the recoveries, 48 per cent; the term of treatment about 51 days; as the mean number remaining, nearly the average number under treatment, was 235. The mortality in 36·5 days was only 9·15 per cent.

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LONDON HOSPITAL, Whitechapel-road.—Instituted, 1746.

*Physicians.*—Frampton, M. Th.; A. Billing, Tu. and Fri.; Gordon, W. and S.; at 12 o'clock. *Assistant Physicians.*—Cobb, Davies, A. Frampton. *Surgeons.*—J. Scott, Tu. and F.; J. Luke, W. and S.; J. G. Andrews, M. and Th.; at 12 o'clock. *Assistant Surgeons.*—T. B. Curling, J. Adams, A. Hamilton; who see out-patients daily. *Apothecary.*—Boyrenson.

Clinical Lectures are given.

Admission day for in-patients, Tu. 11 o'clock. The office of clinical clerk may be obtained gratis. Price of a dressership for 6 months, 20g.; for 12 months, 30 g.: but three dresserships are given away annually as prizes. This includes two years' hospital practice gratuitously.

Patients treated in

| | 1834. | 1835. | 1836. |
|---|---|---|---|
| In-patients | 2581 | 2733 | 2815 |
| Out-patients | 8683 | 8436 | 9713 |
| Total | 11264 | 11169 | 12528 |

Expenditure in 1836, 15847*l.*

The operating day at the London Hospital is Tuesday, at 1 p.m. The post mortem examinations take place daily at 2 p.m. and are superintended by Mr. Curling. The museum of the hospital contains between 2000 and 3000 preparations. It is rich in morbid anatomy.

The Post Mortem examinations are entered in a book kept for the purpose, as follows :—

<table>
<tr><th>No.</th><th>Name.</th><th>Age.</th><th>Admitted.</th><th>Disease.</th><th>Died.</th><th>Under the Care of.</th><th>P.M. at what Time after Death.</th></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td colspan="8">Morbid Appearances and Remarks.</td></tr>
</table>

Six years, 1828-33. Patients treated 13870; cured, 8422 (·6072.); relieved, 2842 (·2049); died 1622 (·1169); irregularly discharged, 914 (·0719). Some of the results deducible from the official return for this period, (*Tables of Population*, No. 4,), have been given by Mr. Edmonds (*Lancet, Sept.*, 1836.)

*Physicians' Wards.*

| | Males. | | Females. | | Both Sexes. Dead, per |
|---|---|---|---|---|---|
| Age | Cases | Dead | Cases | Dead | Cent. |
| 0—10 | 20 | 3 | 33 | 6 | 16·6 |
| 10—20 | 381 | 47 | 416 | 33 | 10 1 |
| 20—30 | 997 | 180 | 622 | 79 | 15·4 |
| 30—40 | 861 | 176 | 339 | 66 | 20 0 |
| 40—50 | 600 | 157 | 222 | 55 | 25·5 |
| 50—60 | 307 | 98 | 95 | 22 | 27·5 |
| 60—70 | 95 | 36 | 28 | 8 | 33·2 |
| 70 | 35 | 14 | 16 | 6 | 38·8 |
| All Ages | 3296 | 711 | 1771 | 275 | 18·6 |

*Surgeons' Wards.*

| | Males | | Females | | Both Sexes Dead, per |
|---|---|---|---|---|---|
| Age | Cases | Died | Cases | Died | Cent. |
| 0—10 | 358 | 19 | 412 | 70 | 11·2 |
| 10—20 | 1079 | 36 | 477 | 16 | 3·4 |
| 20—30 | 1441 | 73 | 623 | 23 | 4·4 |
| 30—40 | 1385 | 73 | 444 | 30 | 6·0 |
| 40—50 | 914 | 94 | 321 | 20 | 8·3 |
| 50—60 | 570 | 64 | 201 | 19 | 10.3 |
| 60—70 | 263 | 32 | 119 | 23 | 15·8 |
| 70 | 116 | 23 | 80 | 21 | 23·0 |
| All Ages | 6126 | 414 | 2677 | 222 | 7·5 |

The mortality is the mean mortality of an equal number of the two sexes. It will be observed, that there were 9422 males, and 4448 females treated, at all ages. Physicians' cases: males discharged, cured, ·583 dead, ·216; uncured, ·201: females discharged, cured, ·583; dead, ·155; uncured, ·262. Surgeons' cases; males, cured, ·630; dead, ·068; uncured, 30·2. Females, cured, ·602; dead, ·083; uncured, ·315. The mortality of physicians' cases, to surgeons' cases, in the hospital, was as 186 to 75; among physicians' cases, the mortality of males was one-third higher than that of females (216 : 155.) In the surgical wards this was reversed; it was among males and females as 68 : 83. This may be accounted for by the greater number of cases of accidents among the males.

MIDDLESEX HOSPITAL, Charles-street, Tottenham-court-road.—1745.—Enlarged, 1834.

*Physicians.*—Watson, M. W. and F.; Wilson, the same days; and F. Hawkins, Tu. Th. Sa. Each physician visits at 12 o'clock. *Physician Accoucheur.*—Ley. *Surgeons.*—H. Mayo, W. and Sa.; J. N. Arnott, M. and Th.; E. W. Tuson, Tu. and F. *Assistant Surgeon.*—Shaw. *House Surgeon.*—Parrock.—*Apothecary.*—Corfe.

In-patients are admitted at 12 twelve o'clock on Tuesdays. Clinical lectures are given (occasionally) on Saturdays. The house-surgeons are elected from the dressers. Operation day, Friday.

UNIVERSITY COLLEGE HOSPITAL, late NORTH LONDON HOSPITAL, Gower-street.

*Physicians.*—J. Elliotson, Tu. Th. S., from 2 to 3; A. T. Thomson, M. W. F. 1 to 2 p.m.; R. Carswell (out-patients) Tu. Th. and Sa. at 12; Davis (*Obstetric Physician*) out-patients, M. W. F. at 12. *Surgeons.*—S. Cooper, Tu. Th. Sa. from 1 to 2 p.m.; R. Liston, M. W. F. from 2 to 3 p.m.; R. Quain, Tu. Th. Sa. (out-patients) at 12. Patients with diseases of the eye attend Mr. Quain, M. W. Sa. at 12. *Apothecary.*—J. Taylor. *House Surgeons.*—Mr. Tayloe and Mr. Watts. No fixed operation day.

Clinical Lectures are delivered by Dr. Elliotson, every Th. at 2; on Wed. by Dr. Thompson at 1. Mr. Cooper and Mr. Liston, when notice is given, generally once a week. Admission day for in-patients, Tuesday at 10 o'clock. The hospital contains 130 beds. 1836, total number of patients treated, 4142. In-patients, 1250; out-patients, 1504; casualties relieved, 1089; lying-in women attended at their own habitation, 299; deaths from disease, 93; from accident, 30. Average duration of treatment, in-patients, 40 days. Average number of in-patients, 115. Receipts, £4540. Students' fees amounting to £3468.

CHARING CROSS HOSPITAL, King-William-street, Charing-cross.—Built 1831.

*Physicians.*—Golding, Shearman, Chowne, *Surgeons.*—J. Howship, R. Partridge. *Apothecary.*—Mr. Monteath.

The physicians and surgeons attend daily at 12 o'clock. Admission day for in-patients, Mon. at half-past 11 o'clock; out-patients are seen daily. In 1836, 975 cases of accidents and emergency had been admitted into the hospital. 3872 patients received medical relief during 1836; 544 being in-patients.

## HOSPITALS FOR PARTICULAR CLASSES.

SEAMAN'S FLOATING HOSPITAL. —Established in 1821.—Incorporated, in 1833.—Office, 19, Bishopsgate-street Within.

*Consulting Physicians.*—Seymour, Roupell. *Visiting Physician.*—Budd. *Consulting Surgeons.*—Dobson, Lawson. *Superintendent.*—Lieut. Sanders, R.N. *Resident Surgeon.*—Busk. *Assistant Surgeon.*—Tuckett. *Apothecary.*—Salter.

The Hospital Ship, late her Majesty's ship *Dreadnought*, 104 guns, is moored off Greenwich. Sick seamen, of every nation, on presenting themselves alongside, are immediately received, without any recommendatory letters.

Total number of patients received on board during 16 years, 1821-37, 27891. Expenditure in 1836, 15980*l.*

LONDON FEVER HOSPITAL.

Pancras-road.—Established in 1802.

*Physicians.*—Tweedie and Southwood Smith, 1824, who attend daily at their convenience. *Assistant Physician.*—Crawford, 1833. *Consulting Surgeon.*—Lawrence, 1830. *Resident Medical Officer*—Goodfellow: salary, 100 gs.

Average number of patients about 25 Beds 62.

Supported by voluntary contributions, and the payment of one guinea each for domestic servants of non-subscribers and parish paupers. Expenses from 1200*l.* to 1400*l.* Governed by a committee of governors elected annually. Patients in the hospital last year (1836) 339. Died 59. A very useful Medical Report is published every year.

SMALL POX AND VACCINATION HOSPITAL, Battle-bridge, St. Pancras. —Instituted, 1746.

*Physician.*—G. Gregory. *Resident Surgeon and Apothecary.*—J. F. Marson.

1746-1834, small-pox patients treated, 26969; during the year 1835, 401, of whom 88 died. 1746-1821 inoculated 48,062. Jan. 21, 1799-1834, vaccinated 92,395, during 1835, 4140. Expenditure, 1835, 1011*l.*

LOCK HOSPITAL, (for Venereal Cases only,) Grosvenor-place.—Instituted, 1470.

*Physician.*—Gairdner. *Surgeons.*—J. Briggs, R. B. Walker. *Assistant Surgeon.*—E. Cutler. *Apothecary.*—J. P. Wall.

*Patients remaining at the end of every year; admitted and discharged, cured, dead, or irregularly, during* 34 *years*, 1801-1834.

(Facts from Tables of Population, No. 4.)

| Years. | Remain. | Admitted. m. | Admitted. f. | Eloped. | Dismissed. | Died. | Cured. |
|---|---|---|---|---|---|---|---|
| 1801-10 | 724 | 2419 | 1825 | 522 | 93 | 57 | 3558 |
| 1811-20 | 764 | 2771 | 1857 | 493 | 101 | 38 | 4001 |
| 1821-30 | 731 | 2860 | 1763 | 692 | 165 | 47 | 3727 |
| 1831-34 | 302 | 1169 | 732 | 460 | 64 | 31 | 1642 |
| 1801-34 | 2521 | 9219 | 6177 | 1867 | 423 | 173 | 12928 |

15398 cases were treated, (·60 males). Recoveries, ·840; deaths, ·0112; elopements, ·121 ; dismissals, ·0275. The average number of patients remaining in the house, 1811-20 was 76·4; in 1831-34, only 60·4; this would reduce the expenditure £500 a year. The deaths in 36·5 days, were ·006863 ; the mean term of treatment was 60 days.

ST. LUKE'S HOSPITAL FOR LUNATICS.—Old-street.—Instituted, 1751.

*Physicians.* — Sutherland, Warburton. *Surgeon.*—J. Luke. *Resident Apothecary.*—S. Barnes.

Ten years, 1826-35—Average population, 232; total number of patients admitted, 1964 curables; 80 incurables: of the former 115, of the latter 87 died; 912 were discharged cured.

BETHLEM HOSPITAL FOR LUNATICS, St. George's Fields.—Incorporated by Henry VIII., and formerly stood in Moorfields; rebuilt in St. George's Fields, in 1815, at a cost of £123000. Accommodation for 200 patients.

*Physicians.*—Monro, Morrison. *Surgeon.*—Lawrence. *Apothecary.*—Thomas.

## INFIRMARIES.

ST. MARYLEEONE INFIRMARY,
New-road, St. Marylebone.

*Physicians.*— Sims, Clendinning. *Surgeons.*—Stafford, B. Phillips, F. R. S. *Physician Accoucheur.*—R. Lee, F.R.S. *House Surgeon.*—Clay. *Assistant-House Surgeons.*—Bernard, Boyd. *Dispensers.*—Clarke, with two assistants.

Dr. Clendinning has favoured us with the following interesting statistical notes, the result of his latest researches :—

Number of beds 320; of which about two-thirds were occupied constantly on an average of 6 years, ending 1836.

Annual admissions for 6 years, ending 1836, 2260 on an average ; of which about 1000 were surgical cases and the remainder medical.

About half the cases fall between puberty and 60 years of age; quarter under puberty, and mostly under 5; and a quarter above 60 years of age.

The mortality on the admissions 0·15 nearly, of which more than three-fourths are Medical.

The expenditure on account of the Infirmary, exclusively of rent and taxes, and of Secretary's office, and including in and out-patients, is nearly £4000 (£3600-3700) per annum, or rather less than £20 per bed.

ST. PANCRAS INFIRMARY.

*Physician.*—Willan. *Surgeon.*—Eastcott. *Consulting Accoucheur.*—Hemmings.

ST. GEORGE'S INFIRMARY,
Mount-street.

*Physician.*—Clark. *House Surgeon.*—J. F. Fergus.

BLOOMSBURY DISPENSARY, 62, Great Russell-street.—Instituted, 1801, for the sick poor, and to extend Cow Pox Inoculation.

*Physician.* — Pinckard. *Surgeon.* — S. Cooper. *Apothecary.*—W. Lloyd.

Total number of patients admitted in 36 years, 78443. In 1836, expenditure £833.

1802—1828. 54312 patients relieved; of whom 7785 at their own dwellings.

CHARITABLE FUND AND DISPENSARY, 13, Fore-street, Cripplegate.

*Physicians.* — Venables, D. Thompson. *Surgeon.*—G. H. Watson.

Patients treated in 1833, about 680. In 1834 they amounted to 820. In 1835, more than 1200. In 1836, upwards of 2000 were treated.

CHELSEA, BROMPTON, AND BELGRAVE DISPENSARY, 41, Sloane-street. Instituted 1812.

*Consulting Physician.*—A. T. Thomson. *Physician.*—Baar. *Surgeons.*—E. Bowden, W. Dickenson. *Accoucheurs.*—G. Woolley, J. Perry. *Apothecary.*—Patients treated in 1834, 2293; during 23 years, 1812--1834, Physicians' patients, 22095; Surgeons', 13800; Midwifery, 1644.

CITY DISPENSARY, 76, Queen-street, Cheapside.—Instituted 1788.

*Physicians.*—Rowland, Jones. *Surgeon.* —J. C. Taunton. *Apothecary.* — W. Honeywood.

Since the opening of this Dispensary, 1st January, 1789, to December 31, 1836, there have been admitted 21499 patients. Admitted during last year, (1836) 5634 patients. At this time there are upwards of 500 patients under treatment. 73490 have been attended at their own habitations. A good report is published annually.

EASTERN DISPENSARY, Great Alie-street, and for attending Pregnant Women at their own houses. Instituted 1782.

*Physicians.* — Southwood, Smith. *Surgeon.*—H. Reynolds. *Apothecary.*—J. Conley.

Patients admitted 1783-1834, (fifty-two years,) 76667; of whom, 8415 were women delivered: including these, 17000 persons were attended at their own houses. Reported deaths, 1319. Cases treated 1833, 1332.

FARRINGDON DISPENSARY AND LYING-IN CHARITY, 60, Snow-hill, Skinner-street.

*Physicians.*—H. Lee, Todd, Venables. *Surgeons.*—Chippendale, J. F. Crookes. *Resident Apothecary.*—J. Jacob. *Consulting Accoucheur.*—Morley. *Surgeon Accoucheur.*—P. Smith.

FINSBURY DISPENSARY, 29, St. John-street.—Instituted, 1780.

*Physicians.*—Campbell, John Thomson. *Surgeon.*—G. Macilwain. *Apothecary.* —W. G. Bartlett.

Practical illustrations by Clinical Lectures, medical and surgical, are given.

The average annual number of Patients treated, 4000, under treatment, 600.

FREE DISPENSARY,
1, Blenheim-street, Oxford-street.—Instituted, 1834.

*Physician.*—R. D. Thomson. *Physician Accoucheur.*—Richmond. *Surgeons.* —T. King, W. Jones. *Consulting Surgeon.*—G. J. Guthrie.

May 1834, to August 1836, 4396 patients admitted.

ST. GEORGE'S AND ST. JAMES'S DISPENSARY, 64, King-street, Golden-square.—Founded 1816.

No report forwarded, after an application.

GENERAL DISPENSARY,
36, Aldersgate-street.—Instituted 1770.

*Consulting Physician.*—J. S. Witshed. *Physicians.*—Yeats, A. Farre, Bennett. *Surgeons.*—C. Caswell, R. B. Wyatt. *Apothecary,*—G. Turner.

Patients admitted in the last seven years, 1829-35, 30440; sixty-six years, 1770-1835, 225745; reported deaths, 6287. In the year 1835, 5359, including 775 patients visited at their own homes, were admitted.

GREVILLE FREE HOSPITAL,
Greville-street, Hatton-garden.

*Consulting Physician.*—
*Surgeons.*—W. Marsden, W. G. Jones, J. Gay. *Apothecary.*—Bishop.

Patients (chiefly out-door) in the eight years, 1828-35, 32109. (1836.)

ISLINGTON DISPENSARY. — Instituted 1821.

*Physicians.*—C. Holland, J. B. Bradley. *Surgeons.*—J. Bishop, W. Beaumont. *Apothecary.*—Harrison. Salary, 150*l.*

1821-1836 (15 years), total patients admitted, 38630; deaths reported, 844. June 1835, to June 1836-37. Discharged, 3693; cured, 3595; died, 69.

LONDON DISPENSARY, Church-st., Spitalfields. Instituted 1777.

*Consulting Physician.*—Cobb. *Physicians.*—Cathcrwood, Frampton, jun. *Surgeon.*—T. B. Curling. *Apothecary.*—W. Gayton.

Since formation, 1777, 173604 patients have been admitted; cured and relieved, 164756; reported dead, 2637; dismissed, 5440; casualties, 12829. Expenditure in 1836, £650.

MARYLEBONE GENERAL DISPENSARY, Welbeck-st. Instituted 1786.

*Physicians.* — Bartlet, Macreight. *Accoucheur.* —Davis. *Surgeons.*—J. G. Smith, F. Samwell *House Surgeon and Apothecary.*—E. Moss, Salary, £100.

Expenditure in 1836, £738. Patients treated in 52 years, 1785-1837, 79542. In 1836, 2117.

NORTHERN DISPENSARY, 9, Somers-place, West, New-road. Instituted 1810.

*Physicians.*—T. Thompson, Stroud. *Consulting Physician.*—Roget. *Physician Accoucheur.*—D. D. Davis. *Surgeon.*—J. Bishop. *Resident Apothecary.* — Seaton.

Patients treated from 1st of January to 31st of December, 1834, 1875.

PUBLIC DISPENSARY, Bishop's-court, Chancery-lane. 1782.

*Physician.*—Waterfield, 1828. *Surgeons.*—J. Briggs, 1806, A M. Wagner, 1829. *Apothecary.*—Wagner, M.D.

Operation Day, Saturday. Admission every day.

Patients treated in the ten years, 1826-35, 46000; attend daily, 70 or 80. In 1836, 5000 were admitted.

SCOTTISH HOSPITAL IN LONDON.

*Physicians.*—G. Darling, J. C. Somerville, J. Webster, R. M'Leod. *Surgeons.*—J. Wardrop, R. Davidson.

The poor of Scotland, resident in London and Westminster, or within four miles thereof, are attended at their own homes, upon application being made to the Secretary, Mr. Auld, at the Scots' Hall, Crane-court, Fleet-street, by one of the above gentlemen, medical officers of the institution.

SURREY DISPENSARY, Union-street, Southwark.

*Physicians.*—Whiting, 1825, Davis, 1836, Barlow, 1836, Hughes, 1836. *Surgeons and Accoucheurs.*—J. A. Gilham, 1813, G. Pilcher, 1829. *Apothecary.* —J. Staddon.

A good report is published.

Out-patients admitted during the ten years, 1826-35, 46538; of which 5747 were midwifery cases. Expenditure in 1836, £1294.

METROPOLITAN FREE HOSPITAL, 29, Carey-street. Established 1836.

*Physicians.*—Ryan, Steggall. *Surgeons.*—Tweedle, Lucas, Dalrymple. *Apothecary.*—Jones.

Patients admitted in one year, 3928. Diseases of eye, and accidents, 54.

SOUTH LONDON DISPENSARY, Melina-place, Westminster-road. 1821.

*Physicians.*—Hughes, Martin. *Consulting Surgeon.*—T. E. Bryant. *Surgeons.*—Smith, Yeldham. *Resident Apothecary.*—E. Nettleford.

Ten Years, 1822-1831, patients admitted Physicians', 6427; Surgeons', 2115. Deaths reported, 261.

TOWER HAMLETS DISPENSARY, 40, Ratcliffe-highway. Instituted 1792.

*Physician Extraordinary.*—Cobb. *Physician.*—Fox. *Physician Accoucheur.*—Ramsbotham. *Surgeon.*—M. Toulmin. *Apothecary.*—J. S. Darby.

Patients admitted, 1792-1832, 40905; including 4736 Midwifery cases. Deaths reported, 1430.

WESTERN DISPENSARY, Charles-street, Westminster. Instituted 1789.

*Consulting Physician.*—Macninnon. *Attending Physicians*—R. B. Todd, Goolden. *Surgeon.*—J. Malin. *Consulting Accoucheur.*—N. M'Cann. *Apothecary.*—Firth.

Clinical Lectures not given.

Patients admitted in 1836, 4548. 473 were Midwifery; 920 were attended at home. During 47 years, 1789-1836, patients admitted, 97650; deaths, 2497; 25068 were attended at home. Expenditure in 1836, £694.

WESTMINSTER GENERAL DISPENSARY, 9, Gerrard-street, Soho.—Instituted 1774.

*Consulting Physicians.* — Henderson, M'Leod, Roscoe. *Physicians* —Domeier, Lilburn. *Physicians Accoucheurs.*—Merriman, Granville. *Consulting Surgeons.*—T. Copeland, A. C. Hutchinson. *Surgeons.*—R. Wade, Simpson. *Surgeon Apothecary.*—W. Wade.

Patients treated in one year, 4632.

WESTERN GENERAL DISPENSARY, Lisson-grove, South, New-road. Instituted 1830.

*Consulting Physicians.*—Marshall Hall,

A. T. Thompson. *Consulting Surgeons.*—Sir B. C. Brodie, E. Stanley. *Medical Officers in Ordinary.*—A. Anderson, E. Barker, H. Ancell, E. Coleridge. *Resident Apothecary.*—H. Lomax.
A good report is published.

In 1836, cases admitted 1840; reported dead, 38; cured and relieved, 1439; sent to hospital, 19; under treatment, 324. Total number of cases treated in 7 years, 15139. Expenditure fn 1836, £480.

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## LYING-IN CHARITIES.

BRITISH LYING-IN HOSPITAL for Married Women, Brownlow-street, Long-Acre. Instituted 1749.
*Consulting Physician.*—Foley. *Physicians.*—H. Davies, R. Lee.—*Surgeon.*—B. Brookes.

Total number of women delivered, 35042; having had twins or more, 415. Total number of children born, 18195 boys, 17262 girls.

CITY OF LONDON LYING-IN HOSPITAL, City-road. Instituted 1750.
*Physician.*—Conquest. *Consulting Surgeon.*—W. Coulson. *Surgeon and Accoucheur.*—T. F. Rance.

During eighty-six years, (1750-1835,) 32330 women were delivered; of the children, 16976 were males, 15739 females; 400 twins, two triplets. In 1835, 473 women were delivered; 7 died. (1836.)

QUEEN CHARLOTTE'S LYING-IN HOSPITAL, Manor House, Lisson-green. Instituted 1752.
*Consulting Physicians.*—Roget, Copland. *Physician and Accoucheur.* — Ashburner. *Surgeon Accoucheur.* — J. Sweatman. *Assistant Surgeon Accoucheur.*—J. Cholmondeley.

In 1835, 213 women were delivered in the hospital, and 296 at their own habitations. In 1236, 169 women were delivered in the hospital, and 256 at their own habitations.

The ordinary expenditure exceeded the ordinary income, in 1835, by 311*l.* 4*s.* 10*d.*; in 1836, by 203*l.* 12*s.* 9*d.*

GENERAL LYING-IN HOSPITAL, York-road, Lambeth. Instituted 1765. Incorporated 1830.
*Consulting Physician.*—Locock.—*Physicians and Accoucheurs.*—E. Rigby, R. Fergusson. *Surgeon.*—J. P. South.

A good report published. Average number of patients annually, 697.

ROYAL MATERNITY CHARITY, for delivering Poor Married Women at their own houses, 17, Little Knight Rider-street, City. Instituted 1757.
*Consulting Physician.* — Ramsbotham. *Physician Men-midwives.* — Davis, Ramsbotham, Blundell. *Assistant Surgeon Men-midwives.*—W. Griffith, B. Kenny, W. Griffith, W. Hughes, W. A. Walford, D. Lewis, J. A. Hingeston, E. Smith, J. Ryan, W. Major, C. Gaslee, J. R. Ward. (1836.)

SOUTHWARK LYING-IN INSTITUTION, 18, Devonshire-buildings, New Dover-road. (1826.)
*Physician Accoucheur.*—R. Lee. *Consulting Surgeons.*—R. D. Grainger, and G. Pilcher. *Surgeons Accoucheurs.*—J. Shea, G. Sanders, D. Stolworthy, and D. O. Edwards.

FINSBURY MIDWIFERY INSTITUTION, 29, St. John-street, Clerkenwell. —1823.
*Physician Accoucheur.*—Blundell. *Consulting Surgeon.*—A. Macilwain.

LONDON MIDWIFERY INSTITUTION.—Instituted 1828.
*Consulting Physician.*—Roberts. *Consulting Accoucheur.*—Waller.
Women delivered, 1828-33, 3644.

THE ROYAL LYING-IN HOSPITAL. —10, Queen-street, Windmill-street, Haymarket.
*Physician Accoucheur.*—G. Jewell. *Surgeon Accoucheur.* — G. Pearson. *Assistant Accoucheur.*—J. Elwin. *Surgeon and Apothecary.*—W. H. Cory.

The hospital contains 25 beds; and last year more than 1000 women, in and out-patients, were delivered.

GUY'S HOSPITAL LYING-IN CHARITY. (See page 63.)

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## DISPENSARIES FOR CHILDREN.

ROYAL METROPOLITAN HOSPITAL, (late Infirmary,) for Sick Children, Broad-street, Golden-square. 1820.
*Consulting Physician.*—Granville. *Physicians.*—Tweedale, Lilburn. *Consulting Surgeon.*—A. C. Hutchinson *Sur-*

*geons.*—R. Davey, C. Wing. *Apothecary Resident* —F. D. Tothill.

Attendance daily, from One till Two. Vaccination every Tuesday and Saturday. Patients treated, May, 1835, to May, 1836. —medical, 2733; surgical, 1709. Total, 4442. A Medical Report is published.

Total number in 17 years, 1820-37, 86787. Patients treated in 1836, 4197.

## ROYAL UNIVERSAL INFIRMARY for Children, Waterloo-road. 1816.

*Consulting Physicians.*—Copland, Todd, *Physicians.* — Davis, Lawson, Cape. *Consulting Surgeon.*—J. A. Gillham. *Surgeons.*—W. C. Dendy, E. Doubleday, J. Farish. *Apothecary.*

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## INSTITUTIONS FOR VACCINATION.

### NATIONAL VACCINE ESTABLISHMENT.

8, Russell place, Fitzroy-square.

OFFICERS.

*President.*—The President of the College of Physicians. *Physician.*—The Senior Censor of ditto. *Surgeon.*—The President of the College of Surgeons. *Registrar.*—Dr. Hue. *Inspector of Vaccinators.*—J. A. Gillham, Esq., M.D. *Stationary Vaccinators.*—J. C. Carpue, Russell-place, Fitzroy-square; F. Agar, High street, Whitechapel; C. R. Aikin, Baker's-buildings, Liverpool-st.; A. Buchanan, Broad-street, Ratcliff; J. A. Gillham, Surrey-chapel, Blackfriars-road; E. Leese, Baker-street, Portman-square; W. J. Lewis, Spital-square; R. H. Robertson, Jermyn-st.; R. Semple, Rufford's-row, Islington; H. Sterry, Alscot-place, Grange-road, Bermondsey; N. B. Ward, Wellclose-square.

Medical practitioners, in all parts of the empire may be supplied with the vaccine lymph, without any expense, from the National Vaccine Establishment; but the applicants are requested to report the number vaccinated from the former supply. Letters of application for lymph, and communications respecting vaccination, are to be addressed—"To the Registrar of the N. V. E., 8, Russell-place, Fitzroy-square;" and inclosed in an outside cover, directed thus:—"To the Right Hon. the Secretary of State for the Home Department, Whitehall—National Vaccine Establishment.

### ROYAL JENNERIAN AND LONDON VACCINE INSTITUTION, Providence-row, Finsbury.—Instituted 1806.

Vaccinated at the Stations of the Institution during the past year, (1936) by Dr. Epps:—

| | |
|---|---|
| Head Vaccine House, 18, Providence-row, Finsbury-square ... | 3453 |
| Union-court, Holborn Hill ......... | 2858 |
| St. John's Church, Horsleydown | 1557 |
| | 7868 |

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## OPHTHALMIC INSTITUTIONS.

### LONDON OPHTHALMIC INFIRMARY, Moorfields.—Instituted 1805.

*Physician.*—J. R. Farre. *Surgeons.*—F. Tyrrell, J. Scott. *Assistant Surgeons.* —G. Macmurdo, J. Dalrymple. *Apothecary.*—Martin.

Two years, 1833-34, admitted, in-door patients, 108; out-door patients, 10609. Operations for cataract, 106; successful, 98. Expenditure, in 1834, 858*l.*

### ROYAL WESTMINSTER OPHTHALMIC HOSPITAL, Chandos-street, Covent-garden.—1817.

*Surgeon.*—J. G. Guthrie.

Patients admitted during 18 years, (1817-34) 24208; in 1833, 1986; in 1834, 2100 were admitted; and in the two years 90 were operated on for cataract: the operation is said to have been unsuccessful in only four cases.

Expenditure, 1836, 478*l.* Cases admitted, 1836, 2381. A Report is published.

### ROYAL INFIRMARY FOR CATARACT AND OTHER DISEASES OF THE EYE, 13, Little Portland-street, Cavendish-square.

*Consulting and Operating Surgeon.*—J. Stephenson.

### ROYAL INFIRMARY FOR DISEASES OF THE EYE, Cork-street, Burlington Gardens.—Instittuted 1804.

*Operating Surgeon.*—H. Alexander.
*Assistant Surgeon.*—H. Alexander, jun.
*Consulting Physician.*—Sir H. Halford.

In 1836, there had been received 2248

patients, in addition to 702 then remaining on the books; 2228 of these had been cured or relieved, and 44 deemed incurable. 70 operations had been performed for the cure of cataract, 63 of which had proved successful.

Total number received since the opening of the Charity, March, 1805, was 58721, of whom 55975 had been cured or relieved; and discharged, 2068, deemed incurable; and 678 remained upon the list. Within the same period 2053 operations for the removal of the cataract have been performed, 1910 of which had terminated successfully, and 162 of these were on persons born blind.

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## VARIOUS INSTITUTIONS.

ROYAL DISPENSARY FOR DISEASES OF THE EAR.—Instituted 1816. 10, Dean-street, Soho-square.

*Consulting Physicians.*—Sir H. Halford, Bart.; Sir M. J. Tierney, Bart. *Surgeon.* J. H. Curtis.

1816-36, cured or relieved, 9520.

SCHOOL FOR INDIGENT BLIND, St. George's Fields. Established 1799. Incorporated 1826.

*Physician.*—Back. *Consulting Surgeon.*—M. Ware. *Surgeon and Apothecary.*—S. H. Sterry.

CHRIST'S HOSPITAL, Newgate-street, for the Support and Education of Children of deceased Citizens. Founded by Edward VI., 1532.

*Physician.*—Hue, M.D. *Surgeon.*—E. A. Lloyd. *Apothecary.*—T. Stone. *Dentist.*—W. Fox.

CHARITY TO THE BLIND. Established 1774. Christ's Hospital, London.

The Rev. W. Hetherington, in his lifetime, enabled the Governors to pay annuities of 10*l.* to each of fifty blind persons, in the hope that his example would be followed by other benevolent characters; and from additions made to Mr. Hetherington's fund, by deed of gift and by will, the Governors are this year enabled to extend the annuity to upwards of 594 persons.

Printed petitions for any blind person duly qualified, may be obtained at the counting house of the hospital, upon the personal application of a friend, from the 7th of Oct. to the 3rd of Nov., in every year. Without the following qualifications application will be entirely fruitless.—Birth and residence in England, to the exclusion of Wales and Berwick-upon-Tweed; age, fifty-five years and upwards; residence, three years in their present abode, and total blindness during that period; income, if any, must be under 20*l.* per annum. Those deemed objects for parish relief are excluded from the benefits of these Charities, which are intended "for those who have been reputably brought up, and who want some addition to what they have, to make life more comfortable under the misfortune of blindness.

CITY OF LONDON TRUSS SOCIETY, 76, Queen-street, Cheapside.—Instituted in 1807.

*Surgeon.*—J. C. Taunton.

Patients relieved by this Society during 39 years, (1807-37) 92415. An interesting report is published. Since its origin it has received 50624*l.*

RUPTURE SOCIETY, 26, Golden-square. 1804.

*Surgeon.*—G. Babington.

SOCIETY FOR THE RELIEF OF THE RUPTURED POOR, 7, Wellington-street, Borough. 1796.

*Honorary Surgeons.*—T. Callaway, and J. Dashwood.

ASYLUM FOR THE SUPPORT AND EDUCATION OF INDIGENT DEAF AND DUMB CHILDREN, Kent-road.—Instituted 1792.

*Physicians.*—Birkbeck, Babington.

*Surgeons.*—T. Callaway.

229 children. Annual expenditure 5939*l.*, or 26*l.* each child.

LONDON FEMALE PENITENTIARY. Pentonville. 1807.

*Physician.*—Conquest. *Oculist.*—Ware. *Consulting Surgeon.*—G. Babington. *Surgeon and Apothecary.*—J. Hunter. *Matron.*—Mrs. Cooper.

# TABLE OF FEES AT EIGHT LONDON HOSPITALS.

| HOSPITALS. | PHYSICIAN'S PRACTICE. | | | | | | SURGEON'S PRACTICE. | | | | SURGEON'S DRESSER. | | | | Amount of Fees required for Attendance by the College of Surgeons and Apothecaries Company. | | Fees which entitle the Student to all the Privileges of the Hospital. | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Nine Months. | | Twelve Months. | | Unlimited. | | Six Months. | | Twelve Months. | | Six Months. | | Twelve Months. | | | | | |
| | £ | s. | £ | s. | £ | s. | £ | s. | £ | s. | £ | s. | £ | s. | £ | s. | £ | s. |
| St. Bartholomew's* . . . | — | | — | | 31 | 10 | 18 | 10 | 26 | 5 | 37 | 16 | 52 | 10 | 42 | 0 | 84 | 0 |
| St. George's† . . . . . | — | | — | | 25 | 4 | 15 | 15 | 21 | 0 | — | | — | | 37 | 10 | 77 | 14 |
| Guy's‡ . . . . . . . . | — | | — | | 24 | 4 | 20 | 0 | 20 | 6 | 32 | 2 | 51 | 2 | 50 | 10 | 75 | 6 |
| London . . . . . . . . | — | | 10 | 10 | 21 | 0 | — | | 21 | 0 | 21 | 0 | 31 | 10 | 42 | 0 | 52 | 10 |
| Middlesex§ . . . . . . . | 12 | 12 | 15 | 15 | 22 | 0 | 15 | 15 | 21 | 0 | 21 | 0 | 31 | 10 | 43 | 0 | 53 | 11 |
| St. Thomas's . . . . . | — | | 15 | 15 | 24 | 3 | 20 | 0 | 26 | 6 | 32 | 12 | 51 | 2 | 50 | 9 | 75 | 5 |
| University College‖ . . . | 10 | 10 | 15 | 15 | — | | 10 | 10 | 15 | 15 | — | | — | | 26** | 5 | 26 | 5 |
| Westminster¶ . . . . . | — | | 12 | 12 | 21 | 0 | 12 | 12 | 21 | 0 | — | | — | | 36 | 15 | 42 | 0 |

In addition to these Fees, a fee of about 1*l.* 1*s.* is usually paid to the Apothecary of the Hospital.

* Surgical pupils entering for twelve months are considered perpetual. Medical practice for eighteen months, 15*l.* 15*s.*

† Medical practice for 18 months is 16*l.* 16*s.* Surgical pupils are allowed to dress.

‡ Medical practice for 18 months is 15*l.* 15*s.*

§ Three months' attendance on surgical practice is 10*l.* 10*s.*; on medical, 6*l.* 6*s.* A surgical pupil for three months may dress by paying 10*l.* 10*s.* extra.

‖ Clinical Clerks and Dresser are held for three months, and are elected from perpetual pupils studying at the College: no extra fee. House surgeons are also elected for six months, by "concours."

** For those who attend any other school but University College, an extra fee of 10*l.* 10*s.* is required.

¶ Six months' practice, medical or surgical, is 12*l.* 12*s.* No extra fee required for the office of Clinical Clerk and Dresser.

Receipts 2831*l.* 14*s.* 9*d.*; expenditure, 1933*l*, 14*s.*; balance, 898*l.* 0*s.* 9*d.* A medical school in which lectures by the physician and surgeon are given, is connected with the hospital.

## *London Medical Schools, Courses, Days and Hours of Lecturing.*

| SCHOOLS. | ANATOMY. PHYSIOLOGY. | ANATOMICAL DEMONSTRATIONS. | BOTANY. | CHEMISTRY. |
|---|---|---|---|---|
| *Aldersgate.* * | Skey<br>3g. 5g. 8g.<br>Daily, 2½ p. m. | Skey, Rees, White<br>5g. 5g. 7g.<br>Daily, 9 a. m. | Quekett<br>3g. 5g. | Pereira<br>3g. 5g. 6g.<br>T. Th. S. 10 a. m. |
| *St. Bartholomew's Hospital.* | Stanley<br>5g. 9g. 10g.<br>Daily, 2½ p. m. | Wormald, M'Whinnie—3g. 6g. 10g.<br>Daily, 9 a. m. | Farre<br>3g. 4g. | Brand, Griffith<br>4g. 6g. 8g.<br>M. W. F. 10 a.m. |
| *Blenheim-street.* | King<br>6g. 10g.<br>Daily, 7½ p.m. | King<br>Daily, 3¼ p. m. | | Thomson<br>3g. 5g.<br>M. W. F. 10 a. m. |
| *St. George's School Kinnerton-st.* | Tathum, Johnson<br>6g. 8g.<br>Daily, 2½ p. m. | Johnson<br>6g. 8g.<br>Daily, 10½ a. m. | Dickson<br>3g. 4g. | *Royal Institution.*<br>6g. 8g.<br>T. Th. Sat. |
| *St. George's School Grosvenor-pl.* | Lane<br>3g. 6g. 8g.<br>Daily, 2½ p. m. | Harrison, Blenkins<br>3g. 6g. 8g.<br>Daily, 10½ a. m. | Hayes<br>3g. 4g. | *Royal Institution.*<br>6g. 8g.<br>T. Th. Sat. |
| *Guy's Hospital School.* † | Cooper, Cock<br>5g. 10g.<br>Daily, 2 p. m. | Cock, Hilton<br>3g. 10g.<br>Daily, 11 a. m. | Johnson, Bird<br>3g.<br>Th. Fr. 11 a. m. | Aikin, Taylor<br>4g. 6g. 8g.<br>T. Th. Sat. 10 a.m. |
| *Hunterian School, Gt. Windmill-st.* | Jones<br>3g. 4g. 5g.<br>Daily, 3 p. m. | Savage<br>3g. 4g. 5g.<br>Daily, 10 a. m. | Epps<br>2g. 3g. | Lane<br>5g. 7g.<br>Daily, 11 a. m. |
| *King's College.* | Todd<br>4g. 8g. 9g.<br>Daily, 3 p. m. | Partridge<br>4g. 8g. 9g.<br>Daily. | Don<br>3g 4g. | Daniell<br>4g. 7g.<br>Daily, 10 a. m. |
| *London Hospital.* ‡ | Luke, Adams<br>5g. 8g. 10g.<br>Daily, 2½ p. m. | Adams<br>3g. 10g.<br>Daily, 11¼ a. m. | Quekett<br>3g. 4g. | Pereira<br>4g. 7g. 8g.<br>M. W. F. 10 a. m. |
| *Middlesex Hospit.* | Tuson, Shaw<br>4g. 6g. 10g.<br>Daily, 2 p. m. | Tuson, Shaw, Lonsdale—4g. 6g. 10g<br>Daily, 11 a. m. | Meade<br>Summer. | Everitt<br>5g. 6g.<br>M. W. F. 10 a. m. |
| *St. Thomas School* | Macmurdo, Solly<br>4g. 8g. 10g. | Travers, jun., Clark<br>5g.<br>Daily, 10 a. m. | Cohen<br>3g. 4g. | Phillips<br>5g. 6g.<br>Daily, 11 a. m. |
| *North London School.* § | Lucas<br>3g. 5g. 7g.<br>Daily, 11 a. m. | Lucas, sen.<br>3g. 5g. 7g.<br>Daily, 3 p. m. | Wilks<br>Summer. | Ure, Lewis<br>2g. 4g. 5g.<br>M. W. F. 10 a. m. |
| *Sydenham Coll.* ‖ | Wilson<br>3g. 5g. 8g.<br>Daily, 12 p. m. | Wilson<br>3g. 5g. 8g.<br>Daily, 9 a. m. | Hoblyn<br>Summer. | Turner<br>5*l*. 8*l*.<br>M. W. F. 11 a. m. |
| *University Coll.* ¶ | Sharpey<br>3*l*. 6*l*. 9*l*.<br>Daily, 12 p. m. | R. Quain<br>3*l*. 6*l*. 9*l*.<br>Daily, 10 a. m. | Lindley<br>3*l*. 6*l*. | Graham<br>3*l*. 5*l*. 7*l*.<br>Daily, 11 a. m. |
| *Webb-street, Maze Pond.* | Grainger, Pilcher<br>5g. 8g. 10g.<br>Daily, 2½ p. m. | Baron, Walker<br>3g. 5g.<br>Daily, 11 a. m. | Dickson<br>2g. 3g.<br>Mon. Wed. 10¼. | Cooper<br>5g. 6g.<br>T. Th. Sat. 10¼ |
| *Lit. Windmill-st. School.* | Smith<br>3g.<br>Daily, 3 p. m. | Smith, Hewett<br>3g.<br>Daily, 10 a. m. | Sigmond<br>3g. perpet. | *Royal Institution.*<br>6g. 8g.<br>T. Th. Sat. |
| *Westminster Schl.* | Malyn, Hancock<br>5g. 7g.<br>Daily, 2½ p. m. | Hancock, Hird<br>5g. 7g.<br>Daily, 10 a. m. | Thurbnam<br>2g. | H. Lewis<br>5g. 6g.<br>T. Th. Sat. 9 a. m. |

* Dr. Grant lectures on Comparative Anatomy, 1*l*. the Course, T. Th. at 6 p. m.
† Mr. Bird lectures on Nat. Philosophy, Mr. King on Comp. Anatomy. Fee, perpetual, 2*l*. 2*s*.
‡ Dr. Little will lecture on Comparative Anatomy in the Summer.
§ Dr. Ure will lecture on Morbid Anatomy.

*Fees for Three Months, Six Months, and Perpetual Attendance.*

| MATERIA MEDICA. | MEDICAL JURISPRUDENCE. | MEDICINE. | MIDWIFERY. | SURGERY. |
|---|---|---|---|---|
| Pereira<br>3*g*. 4*g*.<br>M. W. F. 10 a.m. | S. Smith, Pereira<br>3*g*. 5*g*. | Hope<br>4*g*. 5*g*. 6*g*.<br>M.W. F. 8 p.m. | Walford<br>3*g*. 4*g*. 5*g*.<br>M. W. F. 3 p.m. | Skey<br>3*g*. 5*g*.<br>M. W. F. 7 p.m. |
| Roupell<br>5*g*. 7*g*.<br>T. Th. S. 10 a.m. | Roupell, Burrows<br>3*g*. 4*g*. | Latham, Burrows<br>5*g*. 7*g*.<br>M. T. Th. F. 8 p.m. | Rigby<br>3*g*. 6*g*.<br>T. Th. S. 7 p.m. | Lawrence<br>5*g*. 7*g*.<br>M. W. F. 7 p.m. |
| | | | Richmond, Jones<br>8 p.m. | King<br>3*g*. 5*g*.<br>M. W. F. 3½ p.m. |
| Seymour, M'Leod<br>3*g*. 5*g*. 6*g*.<br>M Th. Sat. | Hope, Lee<br>3*g*. 4*g*. | M'Leod, Seymour<br>3*g*. 5*g*.<br>M.W. F. 11½ p.m | R. Lee<br>3*g*. 5*g*.<br>M. W. F. 9 a.m. | Hawkins, Babington—3*g*. 5*g*.<br>M. W. F. 8. p.m. |
| Ancell, Hutchins<br>3*g*. 5*g*.<br>M. W. F. 11 a.m. | Hutchins<br>3*g*. 4*g*. | Wilson, Wood<br>3*g*. 5*g*.<br>M. W. F. 8 p.m. | Stone, Gream<br>3*g*. 5*g*.<br>M. W. F. 9 a.m. | Walker, Lane<br>3*g*. 5*g*.<br>M. W. F. 7 p.m. |
| Addison<br>4*g*. 6*g*. 8*g*.<br>T. Th. S. 3½ a.m. | Taylor<br>3*g*. 4*g*.<br>M. F. 10 a.m. | Bright, Addison<br>4*g*. 5*g*. 8*g*.<br>M.W. F. 3½ p.m. | Ashwell<br>3*g*. 5*g*. 6*g*.<br>Daily, 8½ a.m. | Key, Morgan<br>3*g*. 5*g*.<br>T. Th. F. 8 p.m. |
| Epps<br>3*g*. 4*g*. 5*g*.<br>Daily, 9 a.m. | Lane<br>2*g*. 3*g*.<br>M. W. F. 8 p.m. | Venables<br>3*g*. 5*g*.<br>Daily, 4 p.m. | | King<br>5*l*. |
| Royle<br>3*g*. 5*g*. 7*g*.<br>M.T. Th. F. 10 a.m. | Fergus<br>3*g*. 4*g*. | Watson<br>3*g*. 5*g* 7*g*.<br>Daily, 4 p.m. | Ferguson<br>4*g*. 6*g*.<br>M. W. F. 10 a.m. | Arnott<br>4*g*. 6*g*.<br>M. W. F. 8 p.m. |
| Pereira<br>3*g*. 4*g*. 4*g*.<br>T. Th. S. 3 p.m. | Ramsbotham, Frampton<br>3*g*. 4*g*. | Davies, Cobb<br>4*g*. 6*g*. 7*g*.<br>M.T.Th.S. 8 a.m. | Ramsbotham<br>3*g*. 5*g*. 7*g*.<br>T. Th. S. 7 p.m. | Scott<br>3*g*. 5*g*. 5*g*.<br>M. W. F. 8 p.m. |
| Macreight<br>3*g*. 5*g*.<br>T. Th. S. 9 a.m. | Leighton<br>3*g*. 4*g*. | Copland<br>3*g*. 5*g*. 6*g*.<br>M.T. Th. F. 3 p.m. | Sweatman<br>3*g*. 5*g*.<br>T. Th. S. 10 a.m. | Mayo<br>3*g*. 5*g*.<br>M. F. 7 p.m. |
| Burton<br>5*g*. 6*g*.<br>M.W. Th F. 4 p.m. | Lister, Barker<br>(Summer) | Williams<br>5*g*. 6*g*.<br>M. W. F. | Cape<br>2*g*. 3*g*. 6*g*.<br>T. Th. S. 12 a.m. | Travers, Tyrrell<br>3*g*. 5*g*.<br>M. W. F. 8 p.m. |
| Steggall<br>2*l*. 4*l*. 5*l*.<br>M. W. F. 4 p.m. | | Ryan<br>3*l*. 5*l*. 6*l*.<br>M. W. F. 9 a.m. | Ryan, J.<br>3*l*. 5*l*. 6*l*.<br>T. Th. S. 9 a.m. | Wardrop<br>3*l*. 5*l*. 6*l*.<br>M. W. F. 8 p.m. |
| Barnes<br>2*l*. 4*l*. 5*l*.<br>M. W. F 3 p.m. | Barnes<br>(Summer.) | Hall<br>3*l*. 5*l*. 6*l*.<br>M. W. F. 5 p.m. | Hemming<br>3*l*. 5*l*.<br>M. W. F. 7 p.m. | Dalrymple<br>3*l*. 5*l*.<br>M. W. F. 6 p.m. |
| Thomson<br>3*l*. 6*l*. 9*l*.<br>Daily, 3 a.m. | Thomson<br>(Summer.) | Elliotson<br>3*l*. 6*l*. 9*l*.<br>Daily, 8 p.m | Davis<br>3*l*. 5*l*. 7*l*.<br>Daily, 9 a.m. | Cooper, Quain<br>4*l*. 6*l*.<br>Daily, 7 p.m. |
| Dickson, Everitt<br>4*g*. 7*g*.<br>T. Th. S. ¼ to 4 | S. Smith | Hall<br>4*g*. 6*g*.<br>M. W. F. 7 p.m. | Ramsbotham<br>3*g*. 5*g*. 6*g*.<br>T. Th. S. 8 a.m. | Pilcher.<br>3*g*. 5*g*.<br>M.W. F. ¼ to 4 |
| Sigmond<br>3*g*. 5*g*.<br>Daily | Sigmond, Jewell<br>3*g*. | Gregory<br>3*g*. 5*g*.<br>M. T. W. T. .11 a.m. | Jewell<br>3*g*. 5*g*.<br>T. Th. S. 6 p.m. | Palmer, Smith<br>3*g*. 5*g*.<br>M. W. F. |
| Steggall<br>4*g*. 5*g*.<br>M. W. F. 9 a.m. | Crump<br>2*g*. | Burne<br>5*g*. 6*g*.<br>M. W. Th. F. | North, Griffith<br>3*g*. 5*g*.<br>T. Th. S. 11 a.m. | H. Thomson<br>3*g*.<br>M. Th. 5 p.m. |

‖ Dr. Grant lectures on Comparative Anatomy; (fee, 1*l*. 1*s*.)

¶ Dr. Grant lectures on Comp Anatomy and Zoology daily, except Saturday, at 3; fee, 4*l*. Dr. Carswell on Morbid Anatomy in the Summer.

The Courses of Botany and Medical Jurisprudence are severally delivered in the Summer.

# UNIVERSITIES.

## UNIVERSITY OF LONDON.

*Incorporated, Nov.* 28, 1836.

### THE SENATE.

*Chancellor.*—Lord Burlington, Belgrave-square.

The Bishop of Durham, Curzon-st.; The Bishop of Chichester, Welbeck-st. ; Lord Brougham and Vaux, Berkeley-sq.; G. B. Airy, Esq., Greenwich; A. Amos, Esq., Burton-crescent; Dr. Arnold, Rugby; Neil Arnott, Esq., M.D., Bedford.sq.; J. Austin, Esq.; J. Bacot, Esq. Portugal-street; F. Beaufort, Esq., Somerset-place; Arch. Billing, Esq., M.D., Bedford-place; W. T. Brande, Esq., Mint; Sir J. Clark, Bart., M.D., George-street, Hanover-square; P. C. Crampton, Esq., Dublin; J. Dalton, Esq., Manchester; W. Empson, Esq., King's Bench Walk, Temple; M. Faraday, Esq., Royal Institution, Albemarle-street; Sir S. Love Hammick, Cavendish-square; Professor Lowe, Cambridge; Cornwallis Hewett, Esq., M.D., Bolton-street; T. Hodgkin, Esq., M.D., Finsbury-circus; J. H. Jerrard, Esq., Bristol College, Bristol; F. Kiernan, Esq., Manchester-street; J. G. Shaw Lefevre, Esq., Somerset House, or Battersea; C. Locock, Esq., M.D., Hanover-square; J. W. Lubbock, Esq., Eaton place; Sir J. Macgrigor, Bart., Camden-hill, Kensington; R. Rainy Pennington, Esq., Portman-square; J. Quain, Esq., M.D., Half Moon-street; J. Ridout, Esq., Montagu-street, Russell-square; P. Mark Roget, Esq., M.D., Bernard-street, Russell-square; Nassau William Senior, Esq., Campden-terrace, Kensington-gore; J. Sims, Esq., M.D., Cavendish-square; Rev. Connop. Thirlwall, Kirby Underdale, York; J. Walker, Esq. Great George-street; H. Warburton, Esq. M.P., Cadogan-place.

The medical sub-committee has been actively engaged in drawing up regulations, and examinations will probably be instituted in May. Every precaution will, we hope, be taken to avoid the errors of former examining bodies, and the unsound principles they involved in assuming inadequate, fictitious tests of capacity; neither calculated to direct public opinion, to afford any guarantee of acquirement, nor to stamp worth and talent so much as wealth with honour. The old, open, trodden path is easy; but let the members of the Senate recollect that the country expects something new from them; something yet undiscovered, or at least unemployed and unapplied in this country. They occupy a proud position at the head of the active, flourishing schools of London:—"This vast city, a city of refuge, the mansion-house of" science. To continue the not inappropriate quotation from Milton; "What can a man require from a nation so pliant, and so prone to seek after knowledge? What wants there to such a towardly and pregnant soil, but wise and faithful labourers, to make a knowing people a nation of prophets of sages, and of worthies? We reckon more than five months yet to harvest; there need not be five weeks."

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## UNIVERSITY COLLEGE, London, Established, 1827.

*President.*—The Rt. Hon. Lord Brougham. *Vice President.*—His Grace the Duke of Somerset, K. G. *Treasurer.*—William Tooke, Esq., F.R.S. *Council.*—The President; the *Vice-President; the Treasurer; *J. Booth, Esq.; *Dr. Boot; S. Duckworth, Esq., M.P.: W. Ewart, Esq.: *I. L. Goldsmid, Esq.; G. B. Greenough, Esq.; *E. N. Hurt, Esq.; R. Hutton, Esq., M.P.; J. T. Leader, Esq. M.P.; Sir C. Lemon, Bart., M.P.; S. Lushington, Esq. D.C.L., M.P.; J. Remington, Mills, Esq.; J. L. Prevost, Esq.; J. Romilly, Esq.; H. C. Robinson, Esq.; J. Smith, Esq.; E. Strutt, Esq. M.P.; T. Thornley, Esq. M.P.; H. Warburton, Esq. M.P.; H. Waymouth, Esq.; J. Wood, Esq. *Auditors.*—H. J. Prescott, Esq.; J. A. Smith, Esq. M.P.; W. A. Hankey, Esq.; M. Clark, Esq.

*President of the Senate.*—His Grace the Duke of Somerset, F.R.S. The other members are the professors of the Faculty of Arts and the Faculty of Medicine. *Curator of Museum.*—Dr. Carswell.—*Secretary.*—C. C. Atkinson, Esq. *Accountant.*—J. P. Kennell, Esq.

The Council meets on the first Saturday in every month, at 4 P.M.; the Committee of Management every Wednesday, at 9 A.M.

This Institution is supported by the fees of Students: the annual Expenditure is usually 3500*l.*

* The Members marked thus* are of the Committee of Management.

KING'S COLLEGE, LONDON, *Somerset House.—Established* 1828.

*Patroness.*—The Queen. *Visitor.*—The Archbishop of Canterbury. *Perpetual Governors.*—The Lord Chancellor: Archbishop of York; Bishop of London; Lord Chief Justice of the King's Bench; Secretary of State for the Home Department; Speaker of the House of Commons; Lord Mayor of London; Dean of St. Paul's; Dean of Westminster, *Life Governors.*—Duke of Rutland, K.G.; Duke of Northumberland, K.G.; Duke of Wellington, K.G.; Marquess of Bute; Marquess Camden, K.G,; Marquess of Bristol; Earl Brownlow; Lord Bexley. *The Council.*—The Governor and Treasurer; Earl of Ripon: Bishop of Winchester; Sir Launcelot Shadwell; Sir Nicholas C. Tindal; W. Astell, Esq.; Alderman John Atkins, Rev. C. Benson, M.A.; Sir B. C. Brodie, Bart; Archdeacon Cambridge; Sir A. P. Cooper, Bart.; Sir G. T. Staunton, Bart.; W. Cotton, Esq. F.R.S.; Rev. D'Oyly, D.D.; J. H. Green, Esq. F.R.S.; Sir H. Halford, Bart.; Lord Henley; Right Hon. H. Hobhouse,; Sir R. H. Inglis, Bart. M.P.; E. H. Locker, Esq.; Rev. J. Lonsdale, B.D.; Right Hon. Sir John Nichol; Sir C. Price, Bart.; Sir J. Richardson; Rev. G. Shepherd, D.D. *Treasurer*—Alderman W. Thompson, M.P. *Auditors.*—H. Pownall, Esq., H. Porcher, Esq.; W. S. Jones, Esq. *Principal of the College.*—The Rev. Hugh James Rose, B.D. *Secretary.*—H. Smith, Esq.

## UNIVERSITY OF OXFORD.

### PROFESSORS.

*Regius Professor of Medicine, founded by Henry VIII.* 1535.—John Kidd, M.D. *1822, stipend 40*l.*; also the Mastership of the hospital at Ewelme. *Natural Philosophy.*—Geo. Leigh Cooke, B.D. 1810. *Tomlinson's Pretorship of Anatomy, founded* 1623.—John Kidd, M.D. *Botany, founded* 1632 and 1793.—C. G. B. Daubeny, M.D., 1834. *Earl of Lichfield's Clinical Medicine*, in Radcliffe's Infirmary.—J. Adey Ogle, M.D., 1830.

The Aldrichian Professorships were founded in 1803, by Dr. G. Aldrich, a physician of the county of Nottingham. *Medicine.*—J. Adey Ogle, M.D., 1824.—*Anatomy.*—John Kidd, M.D., 1822. *Chemistry.*—C. G. B. Daubeny, M.D., 1822.

An Anatomical Lectureship was founded about the year 1750, by M. Lee, M.D. Two courses of Lectures in Anatomy are given every year in the Anatomical School at Christ-church, one in Lent, the other in Michaelmas Term, by J. Kidd. M D.

*Reader in Mineralogy and Geology.*—W. Buckland, D.D., 1813, and 1818.

No bodies have been dissected at Oxford for some years.

For the regulations respecting degrees, see Almanack, 1837.

## UNIVERSITY OF CAMBRIDGE.

*Regius Professor of Physic*, founded by Henry VIII., 1540; salary 40*l.* per annum. *Principles of Pathology and Practice of Physic.*—J. Haviland, M.D., 1817.

The course begins at the division of the Lent Term, and continues till the division of the Easter Term; it consists of about fifty lectures. Fee, five guineas first course; afterwards gratis.

*Chemistry*, founded 1702; salary 100*l.*—Professor J. Cumming, M.A., 1815. *Astronomy and Experimental Philosophy.*—J. Challis, M.A., 1828. *Anatomy*, founded 1707; salary 100*l.*—W. Clark, M.A., 1817.

Fifty Lectures delivered in the Michaelmas and Lent Terms, (after the division of each,) between the hours of one and two. Fees, five guineas for each of two courses; afterwards gratis.

The pupils have the opportunity of dissecting in private. The Museum consists of several hundred preparations, and a series of anatomical models in wax, executed, under the direction of the present Professor, at Florence and Bologna. New buildings have lately been erected for an Anatomical Museum, with a lecture-room and dissecting-rooms.

*Botany;* founded 1724; salary 200*l.*—J. S. Henslow, M.A., 1825.

These Lectures are delivered during the Easter Term. The Professor occasionally makes herborising excursions with his class.

*Geology.*—A. Sedgwick, 1818. *Natural and Experimental Philosophy.*—W. Farish, M.A., 1813; and R. Willis, M.A. 1837. Salary 160*l.* per annum. *Downing Professor of Medicine;* founded 1800: salary 200*l.* per annum.—Cornwallis Hewett, M.A., 1814. Lectures on Pathological Anatomy in Michaelmas Term.

One body was dissected at Cambridge in 1833.

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* Year the Professor was appointed.

# OFFICERS AND COUNCIL OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

*President.*—H.C. Boisragon, M.D., Cheltenham. *President-Elect.* — E. Barlow, M.D., Bath. *Permanent Vice-Presidents.* —E. Johnstone, M.D., Birmingham; J. Kidd, M.D., F.R.S., Oxford; E. Holme, M.D., Manchester. *Secretaries.*—C. Hastings, M.D., F.G.S., Worcester; J.P. Sheppard, Esq., Worcester.

*Members of the Council.*—

*Amersham.*—J. Rumsey, M. D. *Bath.* —E. Blackmore, M.D., Richard F. George, Esq., R. T. Gore, Esq., G. E. Hay, Esq., G. Norman, Esq., J. Ormond, Esq., J. S. Soden, Esq., W. Tudor, Esq., T.S. Watson, M.D., J. Woodman, M. D. *Bristol.* — H. Clarke, Esq., H. H. Fox, M.D., G. D. Fripp, Esq., W. Hetling, Esq., W. F. Morgan, Esq., W. Mortimer, Esq., J. C. Pritchard, M.D., H. Riley, M.D., R. Smith, Esq., J.A. Symonds, M.D., G. Wallis, M.D. *Birmingham.* — J. M. Baynham, Esq., J. K. Booth, M.D., W. S. Cox, Esq., G. F. Evans, M.B., J. Hodgson, Esq., J. Johnstone, M.D., R. Middlemore, Esq., G. Parsons, Esq., T. O. Ward, M.D., J. Wickenden, Esq., R. Wood, Esq. *Brighton.*— T. J. Todd, M.D. *Cambridge.*—F. Thackeray, M.D. *Carlisle.*—T. Barnes, M.D., F. R. S.E. *Cheltenham.*—J. Allardyce, M.D., J. Baron, M.D., F.R.S., W. Conolly, M.D., J. McCabe, M.D. *Chester.*—T. Bagnall, Esq., R. P. Jones, M.D., W. Thackeray, M.D. *Chichester.*—A. T. S. Dodd, Esq., J. Forbes, M.D., F.R.S. *Droitwich.* —J. B. Steward, M.D. *Exeter.*—J. H. James, Esq., J. Blackall, M.D. *Gloucester.*—H. Carden, Esq., T. Evans, jun., M.D. *Hereford.*—J. Griffiths, Esq., J. B. Lye, M.D. *Huddersfield.*—J. K. Walker, M.D. *Leamington.*—D'Arcy Bolton, Esq., P. F. Luard, M.D., O. W. Williams, Esq. *Leeds.*—W. Hey, Esq. *Leicester.* — T. Paget, jun. Esq., G. Shaw, M.D., F.L.S. *Liverpool.*—J. P. Brandreth, M. D., J. Dawson, Esq., T. Jeffreys, M.D., J. Rutter, M.D., R. Scott, M.D, *Ludlow.*—T. Lloyd, M.D. *Malvern.*—W. Addison, Esq., F.L.S. *Manchester.*—J. L. Bardsley, M.D., E. Holme, M.D., T. Radford, Esq., T. Turner, Esq., J. W. Wilson, Esq. *Monmouth.* —J. Holbrook, M.D. *Northampton.*—W. Kerr, M.D., A. Robertson, M.D. *Norwich.* —J. G. Crosse, Esq., L. Evans, M.D. *Oxford.*—C. G. B. Daubeney, M.D., C. Wingfield, W. Tuckwell, Esq. *Presteign.*— A. W. Davies, M.D. *Reigate.*—T. Martin, Esq. *Sheffield.*—J.A. Knight, M.D. *Southampton.*—J. Buller, M. D. *Stockport.*— R. Flint, Esq. *Stratford.*—T. Thompson, M.D. *St. Asaph.*—R. Bythell, Esq. *Sunderland.*—J. Brown, M.D. *Swansea.*—G. G. Bird, Esq. *Warwick.*—J. Conolly, M.D., T. Hiron, Esq., C. Wake, M.D. *Winchester.*—A. Crawford, M.D., G. H. Lyford, Esq., W. J. Wickham, Esq. *Worcester,* —T. Carden, Esq., J. J. Feild, M.D., C. H. Hebb, Esq., J. Malden, M.D., J. Nash. M.D., M. Pierpoint, Esq., J. Rayment, Esq.. R. I. N. Streeten, M.D. *Wolverhampton.*—G. Edwardes, Esq., T. Fowks, Esq., T. Fowke, jun., Esq., J. F. Proud, Esq. *Wrexham.*—T. Griffith, Esq. *York.*— G. Geldie, M.D. The following members were added to the council at the last meeting, 1837.—J. Fryer, Esq., *Bewdley;* K. Watson, Esq., *Stourport;* R. Williams, M.D., *Aberystwith;* Dr. Ring, *Reading;* Dr. Kendrick, *Warrington;* G. Fletcher, Esq., *Croydon;* R. Ceeley, Esq., *Aylesbury;* H. W. Rumsey, Esq., *Chesham;* S. Macmullen, M.D., *Wells;* S. Bullen, Esq., *Wells*; C. Fowler, Esq., *Cheltenham;* Æ. Cannon, M.D., *Cheltenham;* J. A. Ransome, Esq.. *Manchester;* T. Fawdington, Esq., *Manchester;* R. Broadbent, Esq., *Altringham;* W. H. Durham, Esq., *Wickham Market;* J. Black, M.D., *Bolton;* W. Goodlad, Esq., *Bury;* J. Moore, *Bolton;* A. Wood, Esq., *Rochdale;* W, Blenkinsop, Esq., *Warwick*; H.L. Smith, Esq., *Southam,* J. Watson, M.D., *Bath;* R. Godfred, Esq., *Bath;* J. Baruch Toogood, Esq., *Bridgewater;* T. P. Teale, Esq., *Leeds*; Thomas Agg, Esq., *Cheltenham;* C. Turner Cooke, Esq., *Cheltenham*; H. Shute, M.D., *Gloucester*; G. Hitchings, Esq., *Oxford*; Dr. Morgan, *Bath.*

*Honorary Members.*—J. Abercrombie, M.D., Sir C. Bell, and J. S. Trail, M.D., Edinburgh; Sir A. P. Cooper, London.

*Honorary Corresponding Members.*— J. F. Dieffenbach, M.D., Surgeon to the Charite, and Professor of Surgery in the University of Berlin; N. Lebau, M.D., Physician in Ordinary to the King of the Belgians, First Physician to the Military Hospital at Brussels; H. C. Lombard, M.D. Joint Physician to the Hospital at Geneva; F. Nasse, M.D., Professor of Clinical Medicine in the University of Bonn; Correspondent for Holland; J. Scott, Esq. Colonial Surgeon, Hobart Town, Van Diemens Land, Correspondent for Australasia; M. Seone, M.D., Member of the Council of the University of Salamanca, and late Member of the Spanish Cortes, Correspondent for Spain.

## BRANCH ASSOCIATIONS.

EASTERN ASSOCIATION. *Secretary*—J. G. Crosse, Esq.

SOUTHERN ASSOCIATION. *Secretary*—H. S. Wickham, Esq., Winchester.

WELLS AND BRIDGWATER ASSOCIATION. *Secretaries.* Simeon Bullen, Esq., Wells; Baruch Toogood, Esq., Bridgwater.

BATH ASSOCIATION. *Secretary.*—E. Barlow, M.D.

NEWTON ASSOCIATION. *Secretaries.*—J. Sharp, Esq.; G. W. Hardy, Esq., Warrington.

The Association will next meet at Bath in July, 1838. Dr. Malden will read the retrospective Address. Five volumes of the Transactions are published.

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## PROVINCIAL HOSPITALS.

Where a return was not obtained in 1837, the date will be found between parentheses. The date of election is placed after the name of the Medical Officers; where the House Surgeon's salary is stated, it will be understood that he lives in the house. On the days of admission, patients are received with recommendations; *accidents* are received at all times; if *acute* diseases and fevers were received on the same condition, more would, probably, be treated in the Hospitals.

The titles have generally been added after the officers of Societies, to distinguish the medical from other members. The contractions will be understood without difficulty. The orthography of names (so difficult to print) will, it is hoped, be found accurate, but any errors pointed out shall be corrected in the next Almanack.

### Aylesbury.

#### GENERAL INFIRMARY.

*Physician.*—W. Edmunds, M.D., 1833. *Surgeons.*—R. Ceely, 1833; W. Hayward, 1833; J. H. Ceely, 1833; H. Hayward, 1835. *House Surgeon.*—W. Vores, 1837. The physicians and surgeons (W. and S.) attend at 11 o'clock.

House surgeon's salary, 55*l.*, and premium with house pupil, except 20*l.* paid yearly to the Governors.

The *Library* (23 subscribers) contains upwards of 300 volumes, and most of the medical periodicals.

Three years, 1834-7. In-patients, total admitted, 444; average number in the house 17·5; cured 137; died 17. Out-patients: admitted, 519; out-patients made in-patients, 25; in-patients made out-patients, 52. Total expenditure, 2 19*l.*; of this for building and furniture, 479*l.*; for drugs, bottles, leeches, 401*l.*; surgical instruments, 94*l.* 9*s.*; spirits of wine, 30*l.*

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### Bath.

BATH HOSPITAL, 1742.—Beds, 133.

*Physicians.*—E. Barlow, 1819; J. B. Daniell, 1830; T. S. Watson, 1834. *Surgeons.*—G. Kitson, 1817; R. F. George, 1827; G. L. Wood, 1836. *House Apothecary.*—E. Skeate.

The Bath Hospital is open to all persons suffering from diseases capable of being benefited by the Bath Waters, such as nervous derangements, in which the brain is not materially affected, diseases of the skin palsy from lead, and dyspeptic complaints; acute cases, or cases considered incurable, are not admitted. When application is made for admission, it must be accompanied by a medical report, containg the name, age, and parish of the patient; a brief history of the disease, and a correct representation of the general health. Each patient is placed under the care of a physician and a surgeon, who attend conjointly twice a week, and admit applicants weekly.

Eighteen years. May 1819-37. Admitted, 7050; average number in the house on the 1st. of May, 101; died, 80. Each patient remained on an average 94 days; mortality of cases, 0·0114; mortality in 36·5 days, 0·00438; 1 death in 1830; ten in 1833; April, 1836-7, ——. Total. Receipts, 6755*l.*; dividends, 1668*l.*; rents, 511*l.*; benefactions, 2071*l.*; annual subscriptions, 499*l.*; expenditure, 3474*l.*; in hand, 2536*l.* Total admitted since 1742, 27,211; cured, 7931 = 0·29.

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UNITED HOSPITAL, founded by the junction of the *Bath City Infirmary, and Dispensary* and the *Bath Casualty Hospital* in 1826.—Beds 83. *Physicians.*—E. Barlow, W. Bealy, E. B. Harman. *Surgeons.*—G. Norman, J. S. Soden, R. W. Brown. *Apothecary.*—J. Crosby. *House Surgeon.*—J. G. Smith.

The appointment of resident House Surgeon is filled by one of the senior pupils; he holds the office for one year.

The patients — chiefly acute cases—are seen daily by their respective physicians and surgeons, who also admit patients, and see *out*-patients in daily rotation. *Out-patients* are admitted without recommendation, "and the advantage is great;" those who cannot attend are seen at home.

Ten years, 1827-36. In-patients admitted, 6632; average in the house on January 1st, 53·2. Total deaths, 401; mortality of cases, 0·0605; in 36·5 days, 0·0754. Mean duration of treatment 29·3; days. 1836, In-patients admitted (medical) 447; discharged, 437; cured, 334; died 24. Out-patients admitted (medical) 6412; cured, 5400; died 90. Surgical: in-patients admitted, 422; discharged, 409; cured, 302; died, 16; out-patients admitted, 4288. Receipts, 3151*l.*; disbursements, 2905*l.* Dividends, 1511*l.*

A valuable *Anatomical Museum* is attached to this hospital; and a course of *Anatomical Lectures* is given every winter by Mr. Norman and Mr. Gore. The *Library* already contains some hundred volumes.

There is a *Literary and Scientific Institution* in Bath. 175 proprietors; 32 subscribers. Expenditure 518*l.*

## MEDICAL SOCIETY.

Members meet the first Friday in October, November, December, January, February, March, and April, at 7 p.m. Reading Room, Prince's Buildings.

## CHARITABLE SOCIETY FOR LYING-IN WOMEN.

*Physician.*—E. Barlow. *Consulting Surgeon.*—W. J. Church. *Surgeon Accoucheurs.*—J.F.Barnard, W. R. Baynton, R. G. Moger. 1836. Women relieved, 323.

## DORCAS LYING-IN-CHARITY.

*Physician.*—Bowie. *Surgeon and Accoucheur.*—G. King.

## INFIRMARY FOR DISEASES OF THE EYE. 1811.

*Physician.*—C. Greville. *Consulting Physician.*—J. F. Davis. *Surgeon.*—J. S. Soden.

1836, Patients admitted, 679; cured, 621; twenty-four years, 1812—35, 11,174. Expenditure, 1836, 92*l.* 11*s.*

## EAST AND NORTH WALCOTT DISPENSARY.

*Physician.*—W. Irvine. *Surgeons.*—J. F. Barnard, D. A. Fowles, M. Thompson. Expenditure 1835, 181*l.* 13*s.*

# Bedford.

INFIRMARY, founded 1830, enlarged 1831. 90 beds. *Physicians.*—G. Witt, 1832; W. R. Mesham, 1835. *Surgeons.*—J. Harris 1832; I. Hurst, 1832. *Consulting Surgeons.*—C. Short. 1803; J. Pulley, 1830. *House Surgeon,* —T. Chapman, 1832. Salary, 63*l.*, and the premiums of two pupils, except 25*l.* paid by each to the Governors. The Physicians and Surgeons attend every W. and S., when out-patients are seen, and in-patients are admitted or discharged

The Library of the Infirmary contains about 1300 volumes; and is supported by guinea subscriptions of 30 members. The Governors of the Infirmary only subscribe 10*l.*; yet the Library becomes their permanent property.

# Birmingham.

## GENERAL HOSPITAL.

*Physicians.* — B. Davies, Eccles, J. Johnstone. *Surgeons.* — Hodgson, Jakes, Wood.

One year, 1836-7. Patients admitted on recommendation, 2901; casualties and slight cases, admitted *without* recommendation, 10919; teeth drawn, 2532; medicines, 4922; wounds dressed, 2455; bleedings, 376; burns, &c. 334.

## SCHOOL OF MEDICINE AND SURGERY, 1836-7.

The Birmingham General Hospital and Dispensary are open to Students under the usual regulations, and clinical Lectures, with Pathological illustrations, will be given by J. Johnstone, Eccles, and B. Davies.

### LECTURES.

*Anatomy, Physiology, and Pathological Anatomy,* W. S. Cox. *Anatomical Demonstrations,* G. Elkington. *Chemistry,* J. Woolrich. *Materia Medica,* J. Johnstone. *Medicine,* J. Eccles. *Forensic Medicine,* J. Birt Davies. *Midwifery,* J. Ingleby. *Botany,* G. B. Knowles. *Surgery,* W. Sands Cox.

Connected with the School are Museums of Human and Comparative Anatomy, Pathology, Natural History, and Materia Medica, and a Library containing upwards of 900 volumes. The Botanical Class have free admission to the Birmingham Botanical and Horticultural Gardens.

EYE INFIRMARY.—1823.—*Surgeons.* —J. J. Ledsam, R. Middlemore, Dr. W. Compton. *Consulting Surgeon.* — J. Hodgson.

March, 1834-5, one year—Patients admitted, 1504; since April, 1824, (1836,) 17516.

## Bolton.

DISPENSARY.—1816.—There are six unpaid Practitioners; and a house-surgeon with a salary of 120*l.*, who visits the home patients. 1827-36, total patients admitted, 24883; 8611 entered as seen at their own homes; cured, 19929; died, 1134; recoveries, 80 per cent.; deaths, 4·5 per cent.; or, of patients visited at home, 13·2. There are many children on the lists; and the aged and infirm are kept on the books till they die, if they require medicine. Expenses, 4978*l.*; or 4*s.* for each newly admitted patient. *Med. Topography of Bolton, by J. Black, M.D.* 1836.—*Three Sunday-school Sick Societies,* average age, 14·2; number of members, 4999; number of sick, 1215 (24·3 per cent.); constantly sick, 976 (1·95 per cent.);=5086 weeks' sickness; deaths, 46, or 92 per cent. The children are allowed 4*s.* a week in sickness.—*Dr. Black.*

## Bridgewater.

INFIRMARY.—Founded 1813, enlarged 1819.—Beds 35.—*Surgeons.*—J. Toogood, 1813; J. G. Toogood, 1835; J. C. Parker, 1835. *House Apothecary.*—C. Price. Salary 45*l.*

In-patients pay 2*s.* a week towards their board; out-patients attend on W. and S., or every day, if necessary, at nine o'clock.

EYE DISPENSARY.—Erected in 1834, by J. Toogood, Surgeon, and supported solely at his expense. It contains four beds, and would contain many more; a spacious room, serving as a library and museum, is attached. (1836.)

## Brighton.

SUSSEX COUNTY HOSPITAL, AND GENERAL SEA-BATHING INFIRMARY. 1828.—(The Physicians and Surgeons elected 1828.) *Physicians.* —Sir J. G. Knight, T. Blair, T. Yates. *Surgeons.*—H. Blaker, R. Tayler, J. Lawrence. *House Surgeon.*—E. J. Furner, 1831. (1835.)

DISPENSARY. 1809. *Physicians.*—Hake, 1834. *Surgeons.*—B. T. Seabrook, 1832; Richardson, 1834. *Medical Assistant.*—Ferrari, 1835.

LYING-IN INSTITUTION, and Dispensary for the Diseases of Women and Children. *Physician Accoucheur.* —P. M. Lyons. *Surgeon Accoucheurs.* —Simonds, 1836; Wilton, 1836.

INFIRMARY FOR DISEASES OF THE EYE.—1832. *Physician.*—Jenks. *Surgeons.*—Pickford, Seabrook.

## Bristol.

INFIRMARY.—1736. *Physicians.*— J. C. Prichard, 1821; G. Wallis, 1822; J. Howell, 1829; H. Riley, 1835. *Surgeons.*—R. Smith, 1796; W. Hetling, 1807; R. Lowe, 1807; N. Smith, 1816; J. Harrison, 1836. *House Surgeon and Apothecary.* — Vachell, 1833. Salary, 142*l.*

Each physician is allowed to have three pupils; who severally pay him 15 guineas, and the Charity 5 guineas for 15 months' attendance. The in-door apprentices' fee to a surgeon is 500 guineas; out-door, 300 guineas. Dressers pay 50 guineas the first year, and 40 the next; each surgeon has three. There are no walking pupils. During the week of each surgeon, one of his pupils is boarded in the house; for *this* an apprentice pays 25*l.*, a pupil, 5*l.*, the year. Days for receiving patients M. and W., at one o'clock.

There are three house-pupils; each pays 300 guineas, 60 of which go to the house surgeon.

The physicians and surgeons are bound to see the patients twice a week. On S. the surgeons meet, and go round together. The Lecturing-room will hold 60 persons. Wallis, Riley, Hetling, and Harrison, deliver lectures here regularly; the other officers occasionally.

The Pathological Museum is a deposit from Mr. Smith, and contains several preparations of great interest. It is particularly rich in specimens of Necrosis; and the collection of biliary concretions is very extensive. The Urinary Calculi, however, constitute the chief attraction. The collection rivals most of the public deposits; and certainly eclipses every private one in the kingdom. The specimens are admirably displayed, and in all respects are in perfect order. The whole Museum is a great acquisition to the hospital, and reflects much credit upon the industry, the skill, and scientific ardour of its author.

The operating Theatre is commodious and well lighted: its gallery will contain 100 spectators, and is often full; the Faculty exercising a most exemplary liberality towards their brother practitioners.

Post mortem examinations take place on all cadavera, unless circumstances forbid it.

The Medical Library was founded in 1826, by Mr. Richard Smith, followed by Mr. Lowe. Dr. Howell has also contributed largely, and at present the collection is extensive, and contains a great many modern and very valuable books.

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Statistics of the Bristol Infirmary.—R. Smith, Esq., senior surgeon to the Bristol Infirmary, has favoured us with an extensive return from which the following results have been deduced.

|  | 5 years. | 5 years. | 10 years. |
|---|---|---|---|
| *In-patients.* | 1826-30 | 1831-5 | 1826-35 |
| Treated………… | 8374 | 7431 | 15805 |
| Average number in the house ……. | 200·6 | 196·4 | 198·5 |
| Cured ………….. | 2949 | 3646 | 6595 |
| Made Out-patients…… | 4125 | 2723 | 6848 |
| Died …………… | 733 | 592 | 1325 |
| *Out-patients.* |  |  |  |
| Total admitted. . | 22847 | 25323 | 48170 |
| Total Expenditure… | £36556 | £36744 | £73301 |
| Medical and Surgical Articles……… | £6991 | £6787 | £13778 |

Ten Years. The number *treated* as in-patients is the mean of the numbers admitted (15716,) and discharged (15895). To obtain the real number of cases it is necessary to deduct the in-patients made out-patients (6848), as they are counted once when made in-patients; this reduces the 63975 to 57127. A further reduction is required for the out-patients made in-patients; but the number is not known. The number *remaining* at the end of each year are counted *twice* in all the Reports; the out-patients at Bristol probably require a correction on this account. But assuming that the total number of patients was 57127, the cost of medical and surgical appliances for each patient was 4*s.* 9¾*d.* Drugs and Chemicals cost 4658*l.* 10*s.*; wine, &c., 699*l.*; leeches, 1325*l.* 18*s.*; surgical instruments, 308*l.* 7*s.*; trusses, 1649*l.* 11*s.* On an average, therefore, drugs for one patient cost 1*s.* 7¾*d.*; leeches, 5¾*d.*; wine, &c., 3*d.*; trusses, 7*d.* The cost of drugs amounted to 34*l.*, wine to 5*l.*, leeches to 10*l.*, instruments to 2*l.*, trusses to 12*l.*; if the total medical expenditure was=100*l.* Deduct 7*d.* for trusses and the medicines &c., for each patient, lay the infirmary in 4*s.* 2¾*d.*

The total expenditure (1826-35) was 73301*l.* 15*s.*; 3061*l.* for repairs; 13777*l.* 11*s.* for medical and surgical appliances. The average annual expense of an in-patient was 31*l.* 18*s.* = 1*l.* 10*s.*, and 10*s.* for repairs; 1*l.* 18*s.* 5*d.* for medicines; and 28*l.* 8*s.* 11*d.* for other expenses. The treatment of each in-patient (46 days) cost 4*l.*; or, exclusive of repairs, &c., 3*l.* 16*s.*; weekly, 12*s.* 3*d.* = 8¾*d.* for medicines, &c.; 7*d.* for repairs, 10*s.* 11½*d.* for maintenance and attendance.

Of 100 cases treated,

|  | Died. | Recovered. | Made out-Patients. |
|---|---|---|---|
| In 46 days … | 8·76 | 41·7 | 43.3 |
| In 36·5 days | 6·98 | 33·2 | 34·5 |

Each in-patient remained in the house on an average 46 days; in this time nearly 9 died, 42 recovered: 43 were made out-patients.

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GENERAL HOSPITAL.—1832.—*Physicians.*—Symonds, Fripp; elected at the opening of the hospital. Attend (alternately) on T., W., F., and S., at eleven, A. M.; and on M. and Th., on their respective admission weeks. *Surgeons.*—J. G. Wilson, G. D. Fripp, H. Brigstock, J. G. Lansdown; elected at opening of hospital. Two former attend on Th. and F.; two latter on W. and S., at one. One of the surgeons also attends in rotation on M. and Th. to admit patients.

The Medical Officers are elected for ten years, and no one is re-eligible to the vacancy caused by his own retirement.

*House Surgeon-Apothecary.*—W. Lang. Salary, 60*l.* per annum; and 60*l.* out of every house-apprentice's fee.

Clinical Lectures are required by the rules to be given by every Medical Officer; they are delivered as opportunities occur.

Pupils.—Three allowed to each physician and surgeon, pay 5 guineas annually to the Institution; and physician's pupils pay 15 guineas for eighteen months' medical practice; none are admitted for a shorter time. Surgeon's pupils, 15 guineas for twelve months' surgical practice. All surgical pupils are dressers.

Honorary surgeon-apothecary is allowed two apprentices. Fee, 200*l.* to the House, and 60*l.* to the house surgeon, for five years. They may witness operations, but not become dressers.

A self-supporting Dispensary is attached to the hospital.

MEDICAL SCHOOL.—*Anatomy and Physiology.*—Riley, H. Clark. *Surgery.*—H. Clark, G. D. Fripp. *Materia Medica.*—J. Bernard, Symonds. *Chemistry.*—Herapath. *Anatomical Demonstrations.*—Colthurst. *Midwifery.* G. H. Hetling.

*Lectures delivered in the Summer.*

*Botany.*—Rootsey. *Forensic Medicine.* —W. B. Carpenter; and *Chemical Toxicology*—Herapath.

Between 50 and 60 students have attended.

The Museum and Cabinet of Materia Medica will be open to the inspection of the Students. A Course of Comparative Anatomy will be delivered by Dr. Riley, gratuitously, to the Students of the Anatomical Class. Clinical Lectures on Medicine are delivered at the Infirmary and General Hospital. Clinical Lecture on Surgery at the Infirmary, by Mr. Harrison.

SCHOOL OF ANATOMY AND MEDICINE.—16, Orchard-street.

The Museum of Dr. Wallis contains several hundred preparations, a complete Cabinet of Materia Medica, and an excellent Herbarium.

The Medical Library is open to pupils, upon the payment of a guinea annually.

St. Peter's Hospital is the General Hospital for the poor of Bristol. It contains 26 wards for all purposes. Of these 11 are expressly appropriated to the accommodation of the sick, and contain 150 beds. There are, therefore, Medical, Surgical, and Lying-inn wards; together with a Lock ward and Lunatic Asylum. An extensive out-door or Dispensary practice is also attached to the hospital.

Pupils, except the apprentices of the Medical Officers, not generally received. *Physicians.*—Lyon, Williams. *Surgeons.* —Duck, Day. *House Surgeon and Apothecary.*—Brady.

THE DISPENSARIES.—1776.—North-street and Queen-square. Founded to afford relief to paupers at their own houses, and for the accouchement of married women.

Ordinarily two Apothecaries visit the sick, but call in, to cases of importance, Drs. Porter and Symonds. In difficult labours the four midwives call in Messrs. Swayne, Leonard, Harrison, and Waldo. Their services are gratuitous. The Society finds medicines, nurses, &c. It expends about 1000*l.* a year.

THE BRISTOL INSTITUTION FOR THE CURE OF DISEASES OF THE EYE.—1810. *Surgeon.*—H. Goldwyer, 1820.

Twenty-five years, 1811-35; patients admitted, 13,546; cataracts cured, 139. About 4 in-patients are generally under treatment, mostly cases of operation. Annual disbursement, about 160*l.*

THE EYE DISPENSARY.—1812. *Surgeon.*—J. B. Estlin.

The Bristol Library, established 1615, and in 1772 made "The Bristol Library Society," now possesses more than 15000 volumes, many of which are of great value.

MEDICAL LIBRARY.—1831.—Orchard-street. *Treasurer.*—Mr. Surrage. *Secretary.*—Dr. Dick. *Honorary Librarian.*—Mr. Green.

Meetings for discussion of Medical subjects the third Saturday in every month, from Oct. to April inclusive, at half-past 7, P.M. Members amount to 56. Admission on payment of 2 guineas annually. The Library contains about 2000 vols.

PHILOSOPHICAL AND LITERARY INSTITUTION.—1809. *Pro-Directors.* —W. D. Conybeare, J. C. Prichard. *Secretaries.*—A. Hartnell, S. Worsley.

1835.—Expenditure, 1,127*l.* Several valuable papers have been read before the Society. It was the scene of Davy's first labours.

## Bury St. Edmunds.

SUFFOLK GENERAL HOSPITAL.—1826.—*Physicians.*—F. G. Probart; W. J. Bayne. *Consulting Surgeon.*— — Mullis. *Surgeons.*—C. Smith, G. Creed; J. Dalton. *House Surgeon and Apothecary.*—W. Ward.—(1836.)

EAST SUFFOLK HOSPITAL.—1836. *Physicians*—Baird, Beck. *Surgeons.*—Bartlett, Bullen, Hammond and Sampson. Beds, 30.

## Cambridge.

ADDENBROOKE'S HOSPITAL.—1766. Beds, 80. *Physicians.* — J. Haviland, 1817; F. Thackery, 1827; J. H. Bond, 1830. *Surgeons.*—C. Lestourgeon, 1813; J. Okes, 1817; A. S. Abbot, 1817. *Apothecary and House Surgeon.*—G. Johnson, 1830.—Salary, 80*l.*: he is allowed two in-door pupils, for whose board he pays 60*l.* to the hospital.

The physicians and surgeons attend on M. and S., at 11 o'clock, to see the out-patients. Admission day, W. *Public notice is sent to all the medical practitioners in the town when operations are to take place.* This is highly creditable to Cambridge. There is no museum attached to the hospital; but all the preparations are sent to the extensive museum of the University. The hospital has a good collection of Calculi.

The beds, now 80, are about to be increased to 105.

Clinical lectures are delivered by Dr. Haviland occasionally.—(1836.)

## Canterbury.

GENERAL KENT AND CANTERBURY HOSPITAL.—1793. *Consulting Physician.* — H. W. Carter, 1836. *Physicians.* — R. Chisholm, 1823; J. M'Divitt, 1836. *Surgeons.*—D. B. Major, 1824; W. H. Renwick, 1829; P. B. Hallowes, 1830; H. Denne, 1835. *Consulting Surgeon.*—W. Filch. *House Surgeon and Apothecary.*—A. Reed. Salary, 100*l.*

The Medical officers are required to attend every W. and F. In and out-patients are admitted and discharged twice a week.

The Library of the hospital contains 500 volumes. A new wing is being added to the present building, which, when complete, will accommodate 120 patients.

## Carlisle.

FEVER HOSPITAL. — 1820. *Medical Officers.*—T. Barnes, 1820; J. James, 1820; J. Anderson, 1820; R. Atkinson, 1830; R. James, 1830; J. Hodgson, 1830; W. Elliot, 1831.—Expenditure, 200*l.*

DISPENSARY.—1812. The same medical officers, with the exception of Dr. Elliot. Expenditure, 240*l.* — Annual number of Patients treated at the Dispensary in the ten years 1826-35, 3,526.—A new Infirmary has lately been erected, to contain 60 beds, but has not yet been opened.—A Medical Library and Museum are attached to the hospital.—The Medical officers attend four days a week: the average number of patients seen each day is about 17.—Dr. Barnes is Secretary to the *Humane Society.*—The Medical Reports of these institutions are ably drawn up.

LITERARY AND PHILOSOPHICAL SOCIETY.—1835. *President.*—R. Ferguson, Esq. *Vice-Presidents.* — T. Barnes, M.D.; G. H. Head, Esq. *Secretaries.*—Rev. E. Salkeld, A.M.; C. Hudson, M.D.—(1836.)

## Chester.

THE GENERAL INFIRMARY.—1755. Beds, 75. *Physicians.*—L. Jones, 1814; Moor, 1831; P. Jones, 1835. *Consulting Physicians.*—Thackery, Pigot, Cumming. *Surgeons.*—S. N. Bennett, 1801; T. Bagnall, 1806; G. Harrison, 1828. *House Surgeon.* — T. Brittain. Salary 60l. a-year. *Visiting Surgeon* of out-patients.—E. Roberts. Salary 60*l.* a-year.

A physician and a surgeon admit the in-patients in rotation every T., see and admit the out-patients on M., W., and S., at 11 o'clock. The in-patients are visited at the same time. Each apprentice pays 200 guineas to the Infirmary. The private pupils of the surgeons are the dressers. A Library of 500 volumes is attached to the hospital.—(1836.)

## Chichester.

WEST SUSSEX, EAST HAMPSHIRE, AND CHICHESTER INFIRMARY AND DISPENSARY.— 1826. *Physicians.*—J. Forbes, 1826; J. M'Caroglier, 1826. *Consulting Surgeon.* — J. Burnall. *Surgeons.*—A. T. S. Dodd, 1831; A. Duke, 1836. *House Surgeon.*—G. Newport, 1835.—Salary, 60*l.* He visits the out-patients, who are not able to attend, and who are within a certain district.

A physician and surgeon visit the patients, at 9 o'clock every Monday and Th.; admit in-patients on T., at eleven.

An Anatomical Museum and Medical Library are attached to the Infirmary; the former consists of about 300 preparations, chiefly of morbid anatomy; and the latter of about 400 volumes for the use of the Medical officers and pupils. The funds for the support of the Library are supplied by the fees received from the pupils; fifty pounds being set apart from the fee of each pupil for the purchase of books. The selection of these, and the control of the Library, rests solely in the hands of the Medical officers.

LITERARY AND PHILOSOPHICAL SOCIETY. — 1835. *President.* — The Very Rev. G. Chandler, LL.D., F. R.S., Dean of Chichester. *Vice President.*— John Barton, Esq. *Treasurer.*— *Secretary.*—J. D. Newland, Esq.

150 members. Conditions of admission; annual subscription of one guinea—by ballot.

The Library and the Museum only erected five years. (1836.)

## Colchester.

### THE ESSEX AND COLCHESTER HOSPITAL.—1820.

*Physicians.* — A. Maclean, 1821; R. D. Mackintosh, 1823. *Surgeons.*—R. Nunn, A. Partridge, W. Waylen. *House Surgeon.*—R. Coombe. Salary, 80*l.* per annum.

No Museum or Library attached to the hospital; no Clinical Lectures delivered; forty-five to fifty patients in the House, which would contain eighty.—(1835)

THE ESSEX AND HERTS BENEVOLENT MEDICAL SOCIETY. — 1786, for the Relief of Widows and Orphans of Medical Men.

Receipts in 1834, from the five districts, 715*l.*

At the General Court of Audit, 1834, 340*l.* were granted to 17 Widows and Orphans of Medical Men.

### COLCHESTER MEDICAL SOCIETY.

1774.—Members, 19.

### DERBY INFIRMARY.

(No return been obtained.)

## Exeter.

### DEVON AND EXETER HOSPITAL. —1745.

*Physicians.*—J. Blackall, 1807; P. Miller, 1809; F. Granger, 1822; R. L. Pennell, 1830. Days of Attendance, Tues. Wed. and Sat.; also Thursdays, for the admission of Patients. *Surgeons.*—S. Luscombe, 1803; S. Barnes, 1813; J. Harris, 1815; J. H. James, 1816.— Days and hours of attendance the same as the physicians', and frequently on other days when there is any occasion for it.

There are no regular Clinical Lectures delivered: but Clinical Instruction is afforded by the different Medical Officers.

*Pupils' Fees.*—For Twelve Months 30*l.*, and they act as dressers: but the greater number of pupils are apprentices to the surgeons. Their hours of attendance are from eleven to one, or at other times, if cases render it necessary. About twenty attend regularly.

There is a good, but not large, collection of Preparations, which is increasing; also a large and valuable Library attached to the hospital.

Patients admitted on Thursday. Number of beds, 200.

Average expenditure of the hospital for the last three years, 4087*l.* 4*s.* 6*d.* Its revenues are derived partly from funded property, partly from subscriptions, and partly from benefactions and legacies.

The only Lectures at present given, are Anatomy, by Mr. Barnes and Mr. James, daily, during the winter, at ten o'clock. The Fee for Admission, Two Guineas, which the Lecturers have hitherto employed in aid of the Museum.

We are indebted to J. H. James, Esq. for the following statistical facts:—

| | 1826-30. | 1831-5. |
|---|---|---|
| In-patients admitted ... | 4998 | 5147 |
| Mean number on Jan. 1 | 176 | 171 |
| Cured........................ | 3705 | 3685 |
| Deaths ...................... | 164 | 162 |
| Out-patients admitted . | 1690 | 1484 |

10 years: of 100 in-patients admitted, cured, 73; died, 3·2; in 64 days the mean term of treatment. Mortality in 36·5 days 1·88. Expenditure, 39,283*l.* 14*s.*: without any correction for medicines to out-patients, 22*l.* 13*s.* a year on each resident.

### DISPENSARY.—1818.

*Physicians.*—Blackall, Miller, Granger, Pennell, Barham, Shapter. *Consulting Surgeons.*—S. Barnes, J. Harris, J. H. James, Johnson. *Surgeons.* — J. H. Stabbach, W. Kingdon, J. Tucker, E. Pridham, R. Amory, C. Webb.

Generally about eight pupils.—About 1400 patients treated annually; 17,403 since the commencement.

### DEVON AND EXETER LUNATIC ASYLUM.—1801.

*Physicians.*—Blackall, Miller. *Surgeon.* —B. W. Johnson. *Apothecary.*—Luke.

Usually 50 patients in the house; 25 admitted annually; treated from the commencement, 1169.

### WEST OF ENGLAND EYE INFIRMARY.—1808.

*Physician.*—Blackall. *Consulting Surgeon.*—W. B. Johnson. *Surgeon.*—S. Barnes. *Assistant-Surgeon.*—P. C. De la Garde.

Number of pupils, about 6 ; beds, 12: annual number of patients admitted, 660; since the opening, 13,828.

### LITERARY AND PHILOSOPHICAL SOCIETY.—1836.

The Meetings are held in the evening of the first Friday of each month, from October to May inclusive.

*President.*—J.Blackall,M.D. *Vice-Presidents.*—Rev. W. Scoresby, P. Miller, M.D. *Treasurer.* — S. Barnes, Esq. *Secretary.* — J. Tyrrell, Esq. — These officers compose the Council.

EXETER ATHENÆUM. — Founded, 1834, for the promotion of Arts, Science, and Literature, by a body of Proprietors, who are shareholders, and have free admission to the lectures delivered from time to time, which are open to the public at a small charge.

*Officers.*

*President.* — Duke of Bedford. *Vice-Presidents.* — J. W. Buller, Esq., Rev. W. Scoresby. *Treasurer.*—J. Milford, Esq. *Secretary.*—P. Miller, M.D., who manage the affairs of the Society with a Committee of twelve Proprietors.

There is a small Infirmary at *Barnstaple*, and an old-established and very useful Dispensary at *Plymouth*, of which we hope to give an account next year.—(1836.)

## Gloucester.

### GENERAL INFIRMARY AND COUNTY HOSPITAL.—1765.—1828, an additional wing for 54 patients.

*Physicians.*—H. Shute, 1815 ; T. Evans, 1833. *Consulting Surgeons.*—R. Fletcher, W. Cother. *Surgeons.*—J. W. Wilton, W. H. Fletcher, G. Playne, T. G. Buchanan, 1833. *House Surgeon.*—G. W. Charleton.

Clinical Lectures by Dr. Evans occasionally. The Pupils generally attend the practice of the Hospital from ten till one.

There is a Library and also a Museum.

Patients are admitted on Thursdays.

Average annual expenditure, 3500*l.*

*School of Medicine.*

*Anatomy.*—Evans, G. Playne, T. Buchanan. *Anatomical Demonstrations.*—Charleton. *Medicine.*—Shute. *Surgery.*—J.W. Wilton, and W. Fletcher. *Museum and Dissecting Rooms* for the use of Students.

There is a Medical Reading Society, consisting of most of the professional men; and the members of which meet monthly, for the purpose of making friendly professional communications.

### STROUD DISPENSARY.

*Physician.*—D. Caigell. *Surgeons.*—E.U. Uthwatt, J. G. Hillier.

CASUALTY HOSPITAL.—Just opened, (1836,) has accommodation for 15 patients. It is intended for cases of severe accident: admitted without recommendation. *Surgeon.*—Uthwatt, Hillier, Uaskbourn. *Honorary Physician.*—Caigell.

## Halifax.

### GENERAL DISPENSARY.—1807.

*Physicians.*—R. Moulson, M. S. Kenny. *Surgeons.*—A. Jubb, J. Lister. *Apothecary.*—W. H. Peacocke.

1834.—Patients admitted, 4054.—Died, 89. An Infirmary is building.

## Hereford.

A County Infirmary, of which no account has been received. Medical Officers unknown.

### DISPENSARY.—1835.

*Consulting Physicians.*—S. Hughes, J. B. Lye, M. S. Walrond, W. L. Gilliland. *Visiting Surgeons.*—P. James, F. Braithwaite, R. Archibald.

## Huddersfield.

A Dispensary, established 1814, was converted into the Huddersfield and Upper Agbrigg Infirmary, 1831.—*Physicians.*—J. K. Walker, 1814; W. Turnbull. *Surgeon Extraordinary.*—W. Wilks. *Surgeons.*—Robinson, J. Bradshaw, Greenwood. *House Apothecary.*—Clark.

The Infirmary contains 26 beds, and ample accommodation for double that number. In 1836-7.—In-patients admitted, 239; out-patients, 3203. Out-patients cured, 2440 ; dead, 45. In-patients cured, 143; dead, 8 : in the house, 28. Dr. Walker remarks, " The most irksome part of our duty is the visiting the vast number of Irish, domiciled in the numerous lodging-houses ; where we are never without some, and usually a large number of typhus cases. Last year it was very fatal. Two catholic priests have fallen victims to it from attending these lodging-houses. We have now about 40 or 50 cases of typhus among the Irish, most of whom require visiting. I have now been in the constant habit of giving gratuitous attendance to the out-patients of our charity for *nearly a quarter of a century*, and though it has fallen to my lot to see as many disgusting spectacles among the abodes of disease and poverty as any other medical man can have done, yet the present loathsome condition of our Irish lodging-houses surpasses any thing I have seen or read of in England." The greater number of in-patients are surgical cases, arising from accidents with machinery, coal-pits, &c. Expenditure, £130.

In-patients admitted Fr.; out-patients every day. A medical Library in the Infirmary is supported by the subscription of Medical men residing in and near the town.

## Hull.

### KINGSTON-UPON-HULL GENERAL INFIRMARY.—1782.

*Physicians.*—W. H. Bodley, M. Chalmers, J. Alderson. *Surgeons.*—G. Fielding, F. Huntingdon, R. Craven. *Apothecary and House Surgeon.*—J. Higson.

A valuable *Medical Library* has been collected by the contributions of the Faculty in the town and neighbourhood.

### HULL AND EAST RIDING OF YORK SCHOOL OF MEDICINE AND ANATOMY.—Kingston Square.—1831.

*Anatomy and Physiology*, R. Craven and E. Wallis. *Anatomical Demonstrations*, E. Wallis. *Botany*, Smith. *Chemistry*, Pearsall. *Materia Medica and Therapeutics*, H. Cooper. *Medical Jurisprudence*, Alderson, Langstaff, and Hardy. *Medicine*, Alderson, A. M. *Surgery*, R. Craven. *Midwifery*, Hardy.

### HULL AND SCULCOATES DISPENSARY.—1815.

*Physicians.*—M. Chalmers, F. R. Horner. *Surgeons.*—J. M. Fullam, C. T. West, W. H. Lee. *Dispenser.*—W. H. Davies.

Patients admitted, 1815-36, (22 years,) 36,703; total expenditure, 7,957*l.* Admitted 1835-6, one year, 1461: expended, 385*l.*—(1836.)

## Leamington.

The WARNEFORD GENERAL BATHING INSTITUTION, AND LEAMINGTON HOSPITAL. 1834.—*Physicians.*—A. Middleton, J.Luard. *Surgeons.*—W. Middleton,—Boulton I. Prichard, R. Jones. *Assistant-Surgeons.* — M. Cottle, J.Hitchman.*Resident Dispenser.*—A. Alcock.

This hospital is capable of holding 85 beds. (1836.)

## Leeds.

### GENERAL INFIRMARY.—1767.

*Physicians.*—Williamson, Hunter, Hobson. *Surgeon.*—Smith, W. Hey, T. P. Teale. *Apothecary.* — Allanson. Salary, 100*l.*

Clinical Lectures on Physic once a week, during the winter session, by Williamson and Hunter, in rotation. Clinical Lectures on Surgery once a week, during the winter session, by Smith, W. Hey, and T. P. Teale, in rotation.

Medical practice. — Fee for six months, 10g.; eighteen months, 15g.; five years, 25g. Surgical practice. — Fee for six months, 10g.; twelve months, 15g.; second year, 10g. The articled pupils of the surgeons officiate as dressers. A museum and an extensive medical library are attached to the hospital. Patients admitted every Friday.

Michaelmas, 1835-6. In-patients, Total admitted, 1343; discharged, 1308; cured, 900; dead, 71; mean number remaining on the books (not in the house) 242. Out-patients admitted, 2124; cured, 1645; died, 36; mean number on the books, 606. Expenditure, 5592*l.*; house-department, 2725*l.*; wine and spirits, 83*l.*; salaries, 488*l.*; drugs, leeches, instruments, &c. 692*l.*

### PUBLIC DISPENSARY.—1824.

*Physicians.*—D. Thorp, Hunter, Wilson. *Surgeons.*—Garlick, W. R. Cass, C. Nelson. *Apothecary.*—C. Loe.

A physician and surgeon attend on M., W., and F. The apothecary is resident.

June 1836-7. Patients admitted, 3474; of whom 1427 were visited at their own homes. Expenditure 705*l.* Drugs, 284*l.* Leeches, 64*l.*

### HOUSE OF RECOVERY.—(Fever Hospital.)—Instituted 1804.

*Physicians.*—Thorp, Hunter, Williamson. *Surgeons.*—W. Hey, Cass. *Apothecary*, W. Ayre.

Oct. 1835-6. Patients admitted, 255; discharged, 263; cured, 216; dead, 47; mean number remaining, 16. Expenditure, 651*l*; drugs and leeches, 48*l.*; wine and spirits, 27*l.* 12*s.*

SCHOOL OF MEDICINE. — *Anatomy, Physiology, and Pathology.* — T. P. Teale, Garlick, and J. Hey. *Anatomical Demonstrations.*—Price and Nunneley. *Principles and Practice of Sur-*

*gery.*—W. Hey. *Materia Medica and Therapeutics.* — Hunter. *Chemistry.* — West. *Principles and Practice of Medicine.* — Williamson. *Botany.*—J. Hey, and Denny. *Forensic Medicine.* — . *Midwifery.*—S. Smith.

Perpetual fee to all the courses, 42*l.*; 760 lectures delivered annually.

Clinical Lectures will be given to the Pupils of the Infirmary and Dispensary.

These Lectures are open to the Profession.

The meetings of the Medical Society, 1834, are held on the first Th. in every month, at seven P.M. The members of committee preside in rotation. There is a Philosophical and Literary Society, 1819, and a literary Institution, 1834.

The library of the latter contains between three and four thousand volumes.

### EYE AND EAR INFIRMARY.—1822.

*Surgeons.* —W. Hey, C. Nelson, T. S. Rusby. (1836.)

### LYING-IN HOSPITAL.—1834.

*Surgeons.* — W. Price, R. C. Battye, W. Wildsmeth. *Surgeons in Ordinary.*—H. M. Atkinson, W. Hey, F. Sharpe.

## Leicester.

### INFIRMARY.—1771.

*Physicians.*—Arnold, Freer. *Surgeons.*— —Nedham, — Paget, jun. *House Surgeon and Apothecary.* — E. E. Wilkinson. Salary 200*l.* a year.

Operation day, Monday.

### DISPENSARY.—1833. (1835.)

*Consulting Physician.* — Hill. *Physician.*— ———— ————. *Surgeons.*— Gosset, Stallard, Macauley, Denton, Bowmar, C. Wood. *Dispenser.* — Fullagap.

1834, one year, — Patients discharged, 2046, of whom 84 died. Expenditure, 471*l.*

There is a Library, also a Literary and Philosophical Society, in Leicester. (1836.)

## Lichfield.

### DISPENSARY.—1780.

*Physician.*—Rawson. *Surgeons.*—Morgan, Allport.

Patients under treatment, April, 1836, 76 — April, 1837, 33. Admitted in the year, 552. Cured or relieved, 580. Died, 12. Midwifery patients, 102. Trusses, 3. Children vaccinated, 143

## Lincoln.

### COUNTY HOSPITAL.—1769.

*Physicians.* — E. P. Charlesworth, 1808; W. D. Cookson, 1830; R. Elmhirst, 1833. *Surgeons.*—J. Snow, 1811; Howitt, 1836; Hewson, 1827; F. Kent, 1832.

In-patients, 1826-1835. — Number admitted, 2762; number discharged and dead, 828; average number remaining at the 24th of June, in each year, 32·8; number cured, 1693; total deaths, in and out, 133; number of out-patients, in ten years, 1142; out-patients made in-patients, 82; in-patients made out-patients, 200.

Ages of patients that were admitted and died in ten years:—

| Ages. | In-patients. | Out-patients. | Total Deaths. |
|---|---|---|---|
| 0—10 | 89 | 161 | 8 |
| 10—20 | 665 | 206 | 16 |
| 20—30 | 729 | 174 | 33 |
| 30—40 | 462 | 143 | 23 |
| 40—50 | 262 | 109 | 14 |
| 50—60 | 234 | 86 | 18 |
| 60—70 | 148 | 53 | 11 |
| 70—80 | 64 | 23 | 5 |
| 80— | 14 | 4 | 3 |
| All ages. | 2667 | 953 | 131 |

Total Expenditure in ten years, 1826-1835, 12728*l.* 1*s.* Expenditure on Building and Furniture, 1980*l.* 6*s.* Medicine, Wine, Instruments, &c., 803*l.* 14*s.*

The physicians and surgeons attend in monthly rotation every M. and Th. mornings. *House Surgeon.*—S. Hadwen. Salary 100*l.* a year. (1835.)

Patients admitted by the physician and surgeon, on M. at eleven o'clock.

### GENERAL DISPENSARY.—1826.

*Physicians.* — E. P. Charlesworth, 1826; W. D. Cookson, 1830; R. Elmhirst, 1830. Attend at the Dispensary in monthly rotation, at 10 o'clock on T. and S. *Surgeons.*—Hett, 1826; Snow, 1826; Franklyn, 1826; Hewson, 1826; F. Kent, 1830. Attend in monthly rotation, according to seniority, at the request of the physician or dispenser. *House Surgeon.*—G. B. Snow, 1836. Salary, 100*l.*

Patients admitted by the physician, on T. and S. at 10, A. M.—by the dispenser daily, home-patients at 10, A. M., out-patients at 2, P.M.

Total Expenditure of ten years, 3789*l.* 11*s.* 8*d.* Of drugs, 763*l.* 5*s.* 11¼*d.*

Home-patients in ten years, 1826-35.—Number admitted, 4241; number discharged and dead, 2075; number remaining on the 25th of March, home-patients

478, out-patients, 923. Total of out-patients admitted in ten years, 6448. Total number of out and home patients cured, 8329. Total deaths, 347. Out-patients made home-patients, 56; home-patients made out-patients, 18. Total expenditure for ten years, 3209*l*.; building, furniture, 863*l*. 15*s*.; medicine, instruments, 857*l*. 16s.

### LUNATIC ASYLUM.—1819.

*Physicians.* — E. P. Charlesworth, appointed at the establishment of the Institution; W. D. Cookson, 1831; R. Elmhirst, 1831.

The physicians, by monthly rotation, according to seniority of appointment, superintend the medical department, and attend three times a week at least.

*Surgeons.* — J. Snow, 1827; Hewson 1827; Howitt, 1833.

The surgeons, by a rotation similar to that of the physicians, attend when required by the physician or house surgeon.

*House Surgeon.*—R. G. Hill, 1835. Salary, 100*l*. a year.

Patients admitted at any time provisionally by the house surgeon, but the Weekly Board regulates the admission.

Terms of Admission.—First rank, 1*l*. 1*s*. 2½ guineas per week. Second, 15*s*. Third, males, 9*s*.; females, 8*s*.

1821-36. Admitted, 500; 100 re-admitted cases; Discharged, 515; Remain, 85; Recovered, 239; Improved, 58; Dead, 93. Lunatic population, 811 living; one year, 6 died of apoplexy, 8 of epilepsy, 6 of maniacal exhaustion, 25 of gradual exhaustion, 1 of paralysis, 1 of inflamed brain, &c. 1836, average number of patients, 76; of household, 14. Expenditure, 2425*l*. Instruments of restraint have been only applied once, on the male side of the house, during the last sixteen months. A valuable report is published.

### MEDICAL LIBRARY.—1825.

*Treasurer.*—Dr. Charlesworth. *Secretary.* —Mr. Hainworth. *Librarian.*—G. B. Snow.

Meetings, first Th. in Feb., May, August, and Nov., at 12 o'clock. Members amount to 14. Admission on the payment of one guinea. There are about 400 books. The Library is at the Dispensary.

### LINCOLNSHIRE MEDICAL BENEVOLENT SOCIETY.—1804.

*Patron.*—Right Hon. Lord Yarborough.—*Trustees.*—Sir G. Heathcote, Bart.; Sir R. Sheffield, Bart.; C. Chaplin, Esq. *President.* — Dr. Abbott. *Vice-President.* Mr. Snaith; Dr. Charlesworth; Mr. Overton; Mr. Palmer, and Mr. Porter. *Treasurer.*—Dr. Charlesworth. *Secretary.*—Mr. Barton.

Anniversary in July. Number of members, 41. Admissions proposed by a subscriber at the anniversary meeting, which proposal is decided by a majority of the attending members.

## Liverpool.

### INFIRMARY.

*Physicians.*—J. P. Brandreth, R. Formby, T. H. Banning. *Consulting Surgeons.* —R. Forshaw, J. Dawson. *Surgeons.*— R. Bickersteth, J. P. Halton, J. Cooper. *House Surgeon and Apothecary.*—J. Nottingham. (1837.)

Students are admitted to the medical and surgical practice from ten to one daily; fee, 20 guineas per annum, which includes Clinical Instruction.

Clinical Medicine, Formby — Clinical Surgery, Dawson.

(1836.) In-patients, admitted, 1863; discharged, 1860, of whom, cured, 1076, dead, 162. Weekly average, 202.

### LUNATIC ASYLUM.

*Physician.*—D. Baird.

(1836.) Admitted, 102; discharged, 94; of whom, 46 cured, 10 dead. Weekly average resident, 53.

### LOCK HOSPITAL.

*Surgeons.*—T. Simon, F. Worthington.

(1836.) Admitted, 493; discharged, 484; of whom, 385 cured, 4 dead. Weekly average, 46.

These three institutions are managed by the same committee, and publish a common report. Expenditure, 6447*l*.; of this, 210*l*. 16*s*. for drugs, and 242*s*. 8*s*. for leeches, spirits of wine, instruments, &c.

Statistics of Infirmary.—Six years 1829-34. Total in-patients *admitted*, 11952. Males, 7881; females, 4071; medical, 4668; surgical, 7396 (?). *Cured*, 8183; died, 654; average number remaining, 220. (Parl. Return.) It is probable that the 11952 said to be admitted, includes the numbers remaining at the beginning of every year (1320). We shall therefore assume that 10145 cases were treated. In this case the following are the results:—100 cases, 81 recoveries; deaths, 6·1; days of treatment, 47·5; mortality in 36·5 days, 4·955.

NORTHERN HOSPITAL.—Leeds-street.—*Established*, 1834.

Principally for the reception of accidents and acute cases. 76 beds.

*Physicians.*—Squires, Hannay, Duncan. *Surgeons.* — Gill, Banner, Wainwright. *House Surgeon and Apothecary.* — B. Blower. *Assistant House Surgeon.*—G. Arnott.

Th. operation day. M., W., and F., physician's and surgeon's visiting and admission days.

1836—Cases discharged, 471; died, 22. Expenditure, 1744*l.*

DISPENSARIES.— North.—Vauxhall-road.

*Physicians.*—Williams, Duvose, Carson, jun. *Surgeons.*—Eden, Stubbs, Long. *House Surgeon.*—W. Gelly.

Three apothecaries, and three assistant house surgeons.

South.—Parliament-street.

*Physicians.*—Nicholson, Scott, Grindrod. *Surgeons.*—Minshull. J. Cooper, Archer. *House Surgeon.*—A. Higginson.

Three assistant house-surgeons, and two apothecaries.

The physicians and surgeons attend the Dispensaries every day.

(1836.) Medical cases, 23677; surgical cases, 15016. Visited at their own dwellings, 11843. Advice and medicine at the dispensaries, 26850. Total expenditure, 3320*l.*; medicines, 821*l.*; trusses and instruments, 52*l.*; leeches, 146*l.*; cupping, 79*l.*; salaries, 1348*l.* Cases in 10 years, (1827-36,) 409076*l.*

FEVER HOSPITAL.—Brownlow-hill.—(Attached to the Workhouse.)

*Physicians.*—Macrorie, Gouthwaite. *Surgeon.*—S. M'Culloch. *House Surgeon and Apothecary.*—B. Nightingale.

March, 1836-37.—Total admitted, 1876; discharged, 1871; of these 290 dead. Of 1697 cases of fever treated, 266 died. Of 34 cases of small-pox, 15 died. Of 26 cases of measles, 6 died. Of 117 cases of ophthalmia treated, 3 died. Remaining on the first and last day, 76·5. It is attached to the workhouse, where the average number of inmates was 1667. Expenditure, 13,999*l.* 12*s.*

OPHTHALMIC INFIRMARY.—Slater-street.—1820.

*Surgeons.*—Edwards, Neill.

(1836.) Patients relieved, 1965. Expenditure, 209*l.*

ROYAL INSTITUTION.

MEDICAL SCHOOL.

*Physic.*—Scott, pro Philp. *Surgery.*—Banner, pro Halton.

*Summer Courses.*

*Botany.*—Watson, pro Bryce. *Medical Jurisprudence.* Malins, Duncan.

MEDICAL SOCIETY will meet at the Medical Institution.

*Presidents*, 1836-37.—Carson, Duncan, Worthington, Banner.

Meetings every alternate Wednesday, at 7, p.m., from October to April, inclusive. Members, 70 to 80. Regularly educated practitioners are admitted by ballot, a majority of two-thirds being required. There is a Medical Library (not connected with the Society) containing 4000 or 5000 volumes.

## Manchester.

THE MEDICAL SCHOOLS.—Manchester first established a provincial school at which medical students could prepare for the duties of their profession. In the latter part of last century lectures were delivered on Anatomy and Physiology by the celebrated Charles White, Mr. Gibson, Dr. Roget, Mr. Ransome, and Mr. Ainsworth. Mr. Jordan, however, was the first to form a regular anatomical school. He delivered a Course of Lectures on Anatomy, &c., in 1814, and in 1817 his certificates were recognised by the Apothecaries' Company. In 1822 Mr. Turner commenced a Course on the same subject; and in 1824 he was joined by Dr. J. L. Bardsley and other gentlemen, who conjointly founded the school in Pine-street, which is at present in so flourishing a condition.

Shortly after this, Mr. Jordan was joined by Mr. Radford, Dr. Freckleton, &c., and a second complete medical school was formed. In the course of two or three sessions these gentlemen retired from Mr. Jordan's establishment to Marsden-street, at which place they still continue their instructions. Mr. Jordan remained as a public teacher of anatomy until 1834, when he retired from his arduous and honourable duties.

ROYAL SCHOOL OF MEDICINE AND SURGERY, Pine-street, behind the Royal Infirmary.

1. *Anatomy, Physiology, and Pathology.*—T. Turner, daily at 12. 2. *Comparative*

*Anatomy.*—T. Turner. 3. *Anatomical Demonstrations.*—E. Stephens, daily, and W. B. Stott. 4. *Surgery.*—Three days a week. This chair is at present vacant by the death of J. A. Ransome, Esq. 5. *Medicine.*—J. L. Bardsley. 6. *Materia Medica and Therapeutics.*—J. L. Bardsley. 7. Part I.—*General Chemistry.*—J. Davies. Part II.—*Medical Chemistry.*—J. A. Ransome. 8. *Midwifery.*—T. Radford, J. E. Partington, and J. Bryden. 9. *Medical Jurisprudence.*—H. Ollier. 10. *Ophthalmology.*—R. T. Hunt. Summer Lectures.—11. *Pathology.*—E. Stephens. 12. *Botany*, at present vacant.

The senior anatomical medalists are appointed superintendents of the dissecting rooms for the ensuing session.

Connected with the school is a Medico-Chirurgical Society, at which a paper on some subject connected with the profession is read, every Thursday evening, by one of the members, after which a discussion takes place.

Mr. Turner, the lecturer on anatomy, has a valuable *Museum*, consisting of several hundred preparations, to which the students have free access.

The pupils attending the Demonstrations have also free use of the excellent pathological museum belonging to Mr. Jordan.

Several of the other lecturers have likewise private museums to which the students may have access.

## MARSDEN-STREET ROYAL SCHOOL OF MEDICINE AND SURGERY.

1. *Anatomy, Physiology, and Pathology.*—Fawdington. 2. *Medicine.*—Pendlebury. 3. *Materia Medica.*—Pendlebury. 4. *Surgery.* — Boutflower. 5. *Midwifery.* — Roberton, Windsor. 6. *Chemistry.*—Teigh. 7. *Medical Jurisprudence.*—Boutflower, Roberton. 8. *Botany.* — Hardy. 9. *Ophthalmology.*—Walker. 10. *Pathology.*—Fawdington. 11. *Anatomical Demonstrations.* — Clough, Mellor.

Connected with this establishment is an excellent museum and a medical society.

## ROYAL INFIRMARY AND DISPENSARY.—1752.

*Physicians.*—J. Mitchell, E. Lyon, J. Lomax Bardsley, J. Davenport Hulme, C. Phillips, P. Wood. *Surgeons.*—J. Ainsworth, R. Thorpe, W. J. Wilson, T. Turner, J. Jordan, T. Fawdington. *Visiting Apothecaries.*—J. Cooke, and J. R. Lynch.

*Resident Officers.*

*House Apothecary.*—S. Gaskell. *House Surgeon.*—J. Lomas. *Clerks to the Physicians.*—H. J. Player, J. B. Harrison, J. Kendrick. *Secretary* —F. A. Walsh. Total expenditure, June 1836-7, £7142 19*s.* 1½*d.* :—

Dispensary and Surgery, 2478*l.* 15*s.* 3*d.*; house expenses, 2754*l.* 8*s.* 7½*d.*; Salaries, 1128*l.* 4*s.* 2*d.*; Stationery, &c., 215*l.* 9*s.* 4*d.*; articles of annual consumption, 250*l.* 4*s.* 3*d.*; Miscellaneous, 315*l.* 17*s.* 6*d.*

The number of patients treated is the mean of the number admitted and discharged, exclusive of 2557 entered in two classes; it was, therefore, 13879, and each patient cost, on an average, 10*s.* 3*d.*

The Physicians and Surgeons attend in rotation every day except Sunday, each attending two days.

Clinical Lectures are delivered on Medicine every Saturday, and on Surgery every Wednesday. Thursday is the general consultation day, and Friday the general operating day.

The fees for attendance on the practice of the Infirmary are:—Surgical pupil and dresser for 12 months, 20 guineas; and two guineas for Clinical Lectures—for six months, 15 guineas. Medical pupil, 12 months, 15 guineas; six months, 10 gns., with the same amount for Clinical Lectures.

An excellent medical library is connected with the Infirmary; pupils have books on depositing 1*l.*, which is returned.

## MANCHESTER AND SALFORD LOCK HOSPITAL.—1819.

*Physician.*—J. Hall. *Surgeons.*—Blackmore; G. Plant. *Assistant Surgeon.*—G. Daniel.

No Report issued since 1835. In 1834 admitted in-patients 82, out-patients 388. Expenditure 272*l.* 12*s.* 3*d.*

## A MEDICAL SOCIETY

Was established in 1834, which at present enrols as its members nearly all the respectable practitioners of Manchester and the surrounding towns. Papers on subjects connected with the profession are read and discussed by its members every fortnight. Connected with the Institution is a Medical Library, which is daily becoming more valuable.

## *Patients admitted and discharged at the Infirmary, from June* 1836, *to June* 1837.

| | | | DISCHARGED. | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | ADMITTED. | In the House & on the Books, June 24, 1836. | Cured. | Relieved. | Made In-Patients. | Made Out-Patients. | Made Home Patients. | DEAD. | Inoculated for the Cow Pox. | In the House & on the Books, June 24, 1837. |
| In-Patients …… | 1890 | 175 | 259 | 11 | …… | 1253 | 27 | 208 | …… | 188 |
| Out-Patients…… | 10704 | 957 | 6264 | 1439 | 186 | …… | 263 | 127 | 191 | 1034 |
| Home-Patients… | 3301 | 119 | 1783 | 13 | 59 | 696 | …… | 241 | …… | 177 |
| Out District Home-Patients | 692 | 23 | 444 | 12 | 6 | 67 | …… | 51 | …… | 19 |
| TOTAL…… | 16587 | 1274 | 10750 | 1475 | 251 | 2016 | 290 | 627 | 191 | 1418 |

3724 of the 16587 Patients were Accidents: 537 In-Patients, 3187 Out-Patients.

## *Number of Patients treated in Eighty-five Years, from* 1752 *to June* 1837.

| | | DISCHARGED. | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | ADMITTED. | Cured. | Relieved. | Made In-Patients | Made Out-Patients | Made Home Patients. | DEAD. | Inoculated for the Cow Pox. | Removed. | In the House & on the Books, June 24, 1837. |
| In-Patients …… | 76250 | 32501 | 4328 | …… | 30438 | 517 | 4084 | …… | …… | 188 |
| Out-Patients…… | 384155 | 267978 | 28227 | 5937 | …… | 9104 | 6879 | 39427 | …… | 1034 |
| Home-Patients… | 133265 | 90816 | 3914 | 1281 | 17131 | …… | 11321 | …… | …… | 177 |
| Out District Home Patients | 16336 | 11371 | 761 | 139 | 1482 | …… | 1134 | …… | 334 | 19 |
| TOTAL…… | 610006 | 402666 | 37230 | 7357 | 49051 | 9621 | 23418 | 39427 | 334 | 1418 |

## LUNATIC HOSPITAL AND ASYLUM.

The medical officers the same as those of the Infirmary.

Patients, June 1836-7.—*Admitted.*—22; in the house, June 24, 1836, 44. *Discharged.*—Cured, 7; relieved, 3; at friends' request, 10; dead, 1; in the house, June 24, 1837, 45. Since the first opening of the Establishment, 1766. *Admitted.*—2851. *Discharged.*—Cured, 1092; relieved, 389; at friends' request, 927; dead, 390; incurable, 8; in the house, June 24, 1837, 45.

Expenditure, 1836-7, 2123*l.* 7*s.* 11*d.*; 1994*l.* 19*s.* 1*d.* of which was received from the friends of the patients.

## THE BOARD OF HEALTH, OR FEVER WARDS, OR HOUSE OF RECOVERY.—1795.

Treated, June 1835-6. — Remaining, May 31, 1835, 10.—*Admitted since*, 582. *Discharged.*—Cured, 470; dead, 99; remaining, May 31, 1836, 23; patients admitted since the opening of the house, 15,793.

The expenditure for the year, 1651*l.* 4*s.* 5*d.*; number of patients treated, 575; average cost of each patient, 2*l.* 17*s.* 8*d.*

Medical officers the same as those to the Infirmary, except Mr. Thomas Darnell, the *Resident House Apothecary.*

## SALFORD AND PENDLETON ROYAL DISPENSARY.—1827.

*Physicians.* — Harland, R. Hardy. *Surgeons.*—J. Boutflower, G. Gardom, T. Brownbill, T. Slack. *Visiting Apothecary.*—J. Sharp. *House Apothecary.*—G. Southam.

June 1835-6. *Admitted.*—Out-patients, 2902; home-patients, 1045; total, 3947. On the books, June 30, 1835, out-patients, 394; home-patients, 82; total, 476. *Discharged.*—Cured, out-patients, 2517; home-patients, 694; total, 3211. Relieved, out-patients, 135; home-patients, 6; total, 141. For non-attendance, out-patients, 390; home-patients, 4; total, 394. At own request, out-patients, 23; home-patients, 16; total, 39. Dead, out-patients, 30; home-patients, 97; total, 127. Made home-patients, out-patients, 79. Made out-patients, home patients, 303. On the books, June 30, 1836, out-patients, 425; home-patients, 86; total, 511.

Total expenditure during the year, 752*l.* 13*s.*

There is a good medical library, and a small museum of pathological preparations.

## CHORLTON-UPON-MEDLOCK DISPENSARY.—1825.

*Consulting Physician.* — S. A. Bardsby. *Physicians.* — J. Pendlebury, G. A. Clayton. *Surgeons.*—J. E. Partington, W. Johns, M.D. *Visiting Apothecary.*—T. Standring. *House Apothecary.*—J. L. Nicholson.

## CHORLTON.

*Patients admitted.*—Out-patients, 622; home-patients, 628; accidents, 323; vaccinated, 38. Total 1611. Remaining on the books at last report.—Out-patients, 95; home-patients, 111. Total 206. *Discharged.* Cured—Out-patients, 786; home-patients, 295. Total 1081. Relieved.—Out-patients, 20; home-patients, 15. Total 35. Made out-patients, 205. For various causes.—Out-patients, 5; home-patients, 37. Total 42. *Dead.*—Out-patients, 3; home-patients, 51. Total 54. Remaining on the books.—Out-patients, 111; home-patients, 143. Total 254.

The total expenditure for the year was 300*l.* 7*s.* 6*d.*

## ARDWICK AND ANCOATS DISPENSARY.

*Medical Officers. Physicians.* — F. Hardy, J. B. Bradley, M.D. *Consulting Surgeon.*—T. Turner. *Surgeons.*—H. W. Kerr, Lewis. *House Surgeon.*—T. Hudson. *Visiting Apothecary.*—Dauson.

June 24th, 1835—1836.

*Patients admitted.*—Out-patients, 660; home-patients, 579; accidents, 930. Total 2169. On the books, June 24th, 1835.—Out-patients, 191; home-patients. 48. *Discharged.* Cured.—Out-patients, 610; home-patients, 477; accidents, 930. Total 2017. Relieved.—Out-patients, 27; home-patients, 19. Total 46. For various causes—Out-patients, 49; home-patients, 29. Total 78. Dead.—Out-patients, 7; home-patients, 38. Total 45. Remaining on the books.—Out-patients, 158; home-patients, 64. Total 222.

Expenditure during the twelve months, 305*l.* 1*s.* 3½*d.*

## MANCHESTER EYE INSTITUTION 1815.

*Consulting Physician.*—John Hull. *Surgeons.*—S. Barton, J. Windsor. *Assistant Surgeons.*—R. T. Hunt, J. Walker.

January 1, 1836—1837.

Admitted, 1542; remaining on the books, Jan. 1, 1836, 378; cured and relieved, 1370; incurable, 50; absented themselves, 160; remain, 400; total patients admitted since 1815—27158.

Annual expenditure, 337*l.* 17*s.* 3*d.*

### MANCHESTER AND SALFORD LYING-IN HOSPITAL.

The class of patients at this hospital are home-patients; those attended at their own homes in labour, out-patients; women affected with diseases peculiar to females; and children under two years of age, who attend at the hospital twice a week.

*Physician.*—John Hull. *Surgeons Extraordinary.* — R. Agnew, Thorpe, and Radford. *Surgeons.*—T. Fawdington, J. Roberton, R. T. Hunt. *Surgeons for the Out Districts.*—E. Stephens, G. Greaves, J. Bryden. *Apothecary and Secretary.*—J. H. Brown.

Patients treated, May 4, 1836—1837.

*Admitted.*—Home-patients, 2896; out-patients, 34—2930. Home-patients on the books May 4th, 1836, 255; out patients, 63—318. *Discharged.*—Home-patients delivered and discharged, amongst whom were 62 twin cases, 2993; out-patients, 62—3055. Home-patients remaining under treatment May 3rd, 1837, 158; out-patients, 35—193. Inoculated for the cow pox for the same period, 337..

The total expenditure of the year being 1265*l.* 2*s.* 5*d.*

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### GENERAL DISPENSARY

For Children under 14 Years of Age.

1829.

*Physician.*—J. Alexander, *Surgeon.*—W. B. Stott.

February 1836—1837.

*Patients admitted,* 1140; on the books, Feb. 1st, 1836, 173. *Discharged.*—Cured, 801; relieved, 78; irregular, 92; incurable, 15; dead, 64; on the books, Feb. 1st, 1837, 219.

The expenditure for the last year, according to the Report, was 108*l.* 12*s.*; add to this, debts owing, 61*l.* 10*s.*

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THE LITERARY AND PHILOSOPHICAL SOCIETY OF MANCHESTER has been long known and duly appreciated by the public; having been established as early as 1781. It consists of ordinary, honorary, and corresponding Members, who pay 2*l.* 2*s.* on their admission, and an annual subscription of 1*l.* 1*s.* Dr. Dalton, F.R.S. is President of the Society. A "Volume of Transactions" is annually published.

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THE ROYAL INSTITUTION was instituted in 1823, for the cultivation of literature, science, and the fine arts, and is directed by a president, twelve vice-presidents, and a committee chosen from the body of hereditary members.

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THE NATURAL HISTORY SOCIETY OF MANCHESTER MUSEUM, situated in Peter-street, has been celebrated for the extent and beauty of its collection of birds. The mineralogical and geological collections are also extensive and varied.

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THE PHILOLOGICAL SOCIETY, consisting of thirty resident and fifty corresponding members, was instituted in 1803.

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THE BOTANICAL AND HORTICULTURAL SOCIETY possesses a garden extending over sixteen acres of ground, which is stocked with many choice medical plants.

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THE MECHANICS' INSTITUTION, founded in 1824, at present enrols 1526 members. The main objects of the Institution are the delivery of courses of lectures on popular subjects—privately educating its operative members. The library consists of 3595 volumes. Attached to the Institution is a Mutual Improvement Society, at which papers on scientific subjects are read and discussed. In 1834 a school, conducted on the plan of the Sessional School in Edinburgh, was established for the education of boys and girls. In 1835 the income amounted to 273*l.* 14*s.* 7*d.*

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THE ATHENÆUM, an Institution for literary, political, and scientific uses, was established in October, 1835. The subscription is 30*s.* per annum.

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THE PORTICO combines the advantages of a news-room and library, which contains 10000 volumes.

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THE MANCHESTER SUBSCRIPTION LIBRARY, established in 1765, contains 18000 volumes. Besides this there are numerous general libraries throughout the town.

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The School for the DEAF AND DUMB is supported by subscriptions and donations. Children from 9 to 14 years of age, of sound intellect, are eligible to its benefits. The number of pupils in the school in 1835 was 47; the expenditure, 1142*l.* 15*s.* 9½*d.*

There is a Blind Asylum attached to the Deaf and Dumb School, which, when finished, will accommodate about 150 inmates.

## Margate.

### ROYAL SEA-BATHING INFIRMARY.—1794.

*Physician.*—J. Conham. *Consulting Surgeon.*—J. Wadlington. *Resident Surgeon.*—W. O. Chalk. *Secretary.*—J. Rainbow, 16, Walbrook, London. (1836.)

## Newcastle-upon-Tyne.

### INFIRMARY.—1751.

*Physicians.*—T. E. Headlam, N. T. Smith, D. Bulman, D. B. White. *Consulting Surgeon.*—T. Leighton. *Surgeons.*—J. Baird, J. Fife, T. M. Greenhow, H. Heath. *House Surgeon.*—J. P. Church. Salary, 60*l.*

April, 1836-37. Expenditure, 2948*l*; salaries and wages, 301*l.*; drugs, &c., 494*l.*; surgical instruments and trusses, 75*l.* Receipts, 3044*l.* Dividends, 473*l.* 10*s.* In-patients treated, 1266; average number remaining, 149: cured, 1108; died, 67. Out-patients admitted, 777: cured, 682; died, 32.

There are a Literary and Philosophical Society, with above 650 members; a Natural History Society, the museum of which contains extensive geological specimens, and perhaps the best collection of British birds in the provinces; an Antiquarian Society, which is flourishing; and a Mechanics' Institution. A Society for the Promotion of the Fine Arts is being established; and it is now in contemplation to form a Zoological Society, and Botanical Gardens.

### DISPENSARY.

*Physicians.*—Headlam, Smith, Bulman, Wightman, White, Cargill. *Surgeon.*—Hawthorn. *Resident Surgeon and Apothecary.*—J. Wilkie.

One year, 1836-37. Patients admitted on recommendation, 2901; casualties and slight cases admitted without recommendation, 10619; teeth drawn, 2532; medicines, 4922; wounds dressed, 2455; bleedings, 376; burns, &c, 334.

### FEVER HOSPITAL.—1804.

Is attended by the medical officers of the Dispensary, and supplied with medicine from the same Institution.

Patients admitted annually, 1810-19 = 41·6; 1820-29,=44·7; 1830-36,=39·4. In 1819 fever raged, and 210 were admitted. May, 1836-37, cases admitted, 42; cured, 36; died, 6.

### EYE INFIRMARY.

*Surgeons.*—T. M. Greenhow, J. Fife.

March, 1836-37. Patients discharged, 916; cured, 850; remain, 148. Expenditure, 267*l.*

### LYING-IN HOSPITAL.—1760.

*Physicians.*—Smith, Bulman. *Surgeons.*—S. M. Frost, Wm. Hardcastle, and W. Nesham.

The Self-Supporting Dispensary within the precincts of the Town is answering the purposes intended by its founders.

### SCHOOL OF MEDICINE AND SURGERY.

*Anatomy and Physiology.*—W. Morrison. *Anatomical Demonstrations.*—T. Common. *Medicine.*—S. Knott. *Chemistry.*—H. G. Potter. *Midwifery.*—W. Dawson. *Surgery,*—J. Fife. *Materia Medica.*—T. Fenwick.

The Anatomical Museum and Cabinet of Materia Medica are open during certain hours to the inspection of students.

Spring courses are delivered on Medical Jurisprudence, Botany, Midwifery, &c., Practical Anatomy, and Practical Chemistry.

### GATESHEAD DISPENSARY.—1812.

*Physicians.*—Headlaw, Smith, White. *Surgeons.*—H. Brady, R. Davis, F. Bennett. *Apothecary.*—J. H. Hedley. Salary, 80*l.*

Feb. 1836-37. Expenses, 317*l.* 17*s.*

Patients admitted, 1202; and Casualties, 3538. Exclusive of casualties;—cured, 1018; died, 62. Mean number remaining, 128. Of 138 cases of fever, 121 cured, 5 died, 12 remain. Small-pox, 46 cases; 6 died, 3 remain, 37 cured.

The *Medical and Surgical Society* has about fifty members. Meetings once a month. There are also two or three others of about twelve members each.

### SOUTH SHIELDS DISPENSARY.

### 1821.

*Consulting Physician*—J. Brown, 1833. *Surgeons.*—J. Hedley, 1821; J. Tosach, 1821; H. Bowlby, 1834, *Apothecary.*—C. Harrison, 1835.

Patients in 1836-37, 653. Accidents, 96.

SUNDERLAND AND BISHOPWEARMOUTH INFIRMARY, DISPENSARY, AND HOUSE OF RECOVERY FOR FEVER.—(United Institution.) Beds, 20.

*Physicians.*—W. R. Clanny, 1806; J. Miller, 1817; J. Brown, 1822: H. Ogden, 1832. *Surgeons.*—G. Atkinson, 1800; J. Croudace, 1808; C. Fergusson, 1820; W. Mordey, 1832. *House Surgeon.*—T. Penman, 1834. Salary, 100*l.* Duties, visiting out and in-patients, &c.

There are a Medical Society, a Medical Library, a Literary and Philosophical Society, a Public Library, and a Natural History and Antiquarian Society, in the town.

An Infirmary for diseases of the eye has been established. 1836.,

*Surgeons.*—E. H. Maling, W. J. Dodd.

## Northampton.

GENERAL INFIRMARY.—1744.

*Physicians.*—A. Robertson, 1823; W. C. Kerr, 1823. *Surgeon Extraordinary.*—H. Locock, 1793. *Surgeons.*—W. Percival, 1820; H. Terry, 1827. *House Surgeon and Apothecary.*— J. Mash, 1815. (1835.)

## Norfolk.

NORFOLK AND NORWICH HOSPITAL.—1771. *Physicians.*—W. Wright, E. Evans. L. Lubbock. *Surgeons.*—W. Dalrymple, J. G. Crosse, B. H. Norgate. *Assistant Surgeon.*—I. G. Johnson.

THE LYNN AND WEST NORFOLK HOSPITAL.—1836.—Beds, 30 to 40. *Physicians.*—Tweedale, Waite. *Surgeons.*—Ingle, Whiting.

NORWICH AND NORFOLK UNITED MEDICAL BOOK SOCIETY has been instituted twelve years, and has varied in the number of its members from 60 to near 100. The object in view is the circulation of medical books, and establishing a permanent library. The Society is divided into four districts, and four copies of each new work are purchased, one for each district; every member of the Society thus receiving the books in circulation. (1836.)

## Nottingham.

GENERAL HOSPITAL.—1782.
Beds, 106.

*Physicians.* — J. M. Davidson, 1826; G. Howitt, 1830: R. S. Hutchinson, 1832; *Surgeons.*—J. Attenburrow, 1781; W. Wright, 1818; G. M. White, 1835. *House Surgeon and Apothecary.*—F. Sibson, 1836. Salary, 150*l.* Admission day, Tuesday.

The Library of the Medical Book Society contains 1000 volumes.

DISPENSARY.—1831.

*Physicians.*—Howitt, J. C. Williams. *Surgeons.* — R. Davison, A. Greeves, T. Allen, J. Thompson. *Resident Surgeon.*—T. Wilson, 1836.

GENERAL LUNATIC ASYLUM.—1812.

*Physician.*—A. Blake. *Surgeon.*—White. June, 1836-7, (one year)—admitted, 60. Average number resident through the year, 129½. Total ordinary expenditure, 4168*l.*; repairs and clothing, 712*l.*

MEDICAL SCHOOL.

This school was established in 1833, under the patronage of the Duke of Newcastle, Lord Lieutenant of the County, who gave 500*l.* towards it.

*Lecturers.*

*Anatomy and Physiology.*—G. M. White, Caunt. *Practice of Physic.*—J. C. Williams. *Anatomical Demonstrations.*—J. Thomson. *Midwifery.*—J. Wright. *Medical Jurisprudence.*—C. Attenbrow.

NOTTINGHAM AND NOTTINGHAMSHIRE SOCIETY FOR THE STUDY AND CULTIVATION OF NATURAL HISTORY.—1836-7.

*Patron.*—The Duke of Newcastle, Lord Lieutenant of the county.
*President.*—Rev. J. Wolley.
*Council.*—J. J. Bigsby, Rev. B. Carpenter, C. Churchill, D. S. Churchill, J. M. Davidson, R. Davison, F. P. Hewitt, Higginbottom, Riley, F. Sibson.

*Honorary Curators.*

*Zoology*, B. Eddison. *Ornithology*, J. C. Williams. *Entomology*, R. Bakewell. *Botany*, Howitt. *Geology and Mineralogy*, A. F. A. Greeves.

*Secretaries.*—Rev. W. J. Butler, M. Browne.

There is a *Literary and Philosophical* Society (1824) at Nottingham.

1835—Members, 103. Expenditure in the year 54*l.* 12*s.*

## Oxford.

RADCLIFFE INFIRMARY, was built and completely furnished at the sole charge of the Executors of Dr. Radcliffe, and opened for the reception of patients on the 10th of October, 1770.

*Physicians.*—J. A. Ogle, 1824; J. Wootten, 1830; C. J. Bishop, 1830. *Surgeons.*—G. Hitchings, 1811; C. L. Parker, 1836; W. Cleobury, 1815; C. Wingfield, 1817. *Apothecary.*—E. Hagley, 1810.

The physicians attend on Tuesdays, at noon, to prescribe for the out-patients of the town, and on Sat. to meet the out-patients from the country. The surgeons generally attend daily, at noon. The day of admission is W. at 12 o'clock. Dr. Ogle, Clinical Professor, lectures from November to March, three times a week.

RADCLIFFE LUNATIC ASYLUM.—Headington-hill.—1826.

*Physician and Treasurer.*—J. A. Ogle. *Consulting Surgeon.* — W. Tuckwell. *Resident Surgeon, Apothecary, and House Director.*—F. T. Wintle.

MEDICAL DISPENSARY AND LYING-IN CHARITY. — Beaumont-st. 1807.

*Surgeon and Accoucheur.*—J. Symonds.

1834.—Patients admitted, 1004; dead, 23. Patients in midwifery, 157. Expenditure 308*l.*, of which Mr. Symonds received 206*l.* Medical cases since 1807, 19830; midwifery cases, 2767.

## Rochester, Chatham, and Stroud.

DISPENSARY.—1831.

*Physician.*—J. Anderson, 1834. *Surgeons.*—A. Martin, 1831; W. Bell, 1831; W. Stephenson, 1834. *Dispenser.*—T. Dove. 1831.

Admitted, in 1835, 842; in 1836, 738. Deaths, 31. Each surgeon attends twice a week. The dispenser resides in the house. Income, last year, 218*l.* Expenditur ,199*l.*

## Salisbury.

INFIRMARY.—1767.

*Physicians.*—Fowler, 1796; Grove, 1817. *Surgeons.*—H. Coates, 1804, J. Andrews, 1807, G. Sampson, 1827. *House Surgeon and Apothecary.*— —Tatum, 1833. 1833-34.—In-patients, 887; out-patients, 1213; Total, 2100. (1835.)

Annual expenditure about 2700*l.*

SALOP INFIRMARY. — 1747. *Physicians Extraordinary.*—J. Evans, R. W. Darwin. *Physicians.*—T. Du Gard, J. P. Johnson, H. Johnson. *Surgeon Extraordinary.* — E. Humphreys. *Surgeons.* — T. Sutton, H. E. Burd, J. Dicken. *House Surgeon and Apothecary*—S. Wood; salary, 100*l.* a year.

A Library is attached to this hospital. Surgical pupils pay the surgeons twenty guineas annually. Two apprentices are taken into the house. No Clinical Lectures have yet been delivered. Patients are admitted on S., and seen by the Medical Officers on M. and Th.

SHEFFIELD GENERAL INFIRMARY. — 1797. 100 Beds. *Honorary Physician.*—A. J. Knight. *Physicians.* W. Young, C. Thompson, G. C. Holland.—*Honorary Surgeon.*—J. Favell. *Surgeons.*—H. Thomas, W. Overend, H. Jackson. *House Surgeon.*—R. Ernest; salary 100*l.* a year, and part of the apprentices' fees.

The pupils are generally apprentices of the medical officers. There is a small Library of old works. Clinical Lectures by Dr. Thompson and Dr. Holland.

There is a Medical Society in Sheffield. The Library contains about 1000 vols. (1835.)

STAMFORD AND RUTLAND INFIRMARY—1828. Founded on the donation of the late H. Fryar, Esq. *Physicians.*—T. G. Arnold, W. L. Hopkinson. *Surgeons.*—J. G. De Merveilleux, M. W. Jackson, W. Burdett, W. Whitby, E. Hatfield. *Consulting Surgeon.*—B. Cowper. *House Apothecary and Surgeon.*—E. Brown; salary, 100*l.*

Beds, 20. About one in four of the patients admitted in 1835 were from Stamford, the remainder from the neighbouring country. Admission-day on Tuesday. Out-patients attend on Friday.

There is a small library, only recently established.

## Stafford.

GENERAL INFIRMARY.—1766. *Physician.* — E. Knight. *Surgeons.* — R. Hughes, 1817; J. Masfen; R. Hughes. *House Surgeon, Apothecary, and Secretary.*—E. S. Hare. 1836. Expenditure 2936*l.* Beds 100. Average number of in-patients, 67.

COUNTY LUNATIC ASYLUM.—*Physician.*—E. Knight. *Resident Apothecary, Surgeon, and House Director.*—H. Garratt. Average number of patients, 220.

NORTH STAFFORDSHIRE INFIRMARY.—1815. (Near Newcastle-under-Line.) *Physician Extraordinary.* ——F. H. Northen. *Physicians.*—T. Mackenzie, E. Wilson. *Surgeons.*—G. Wood, J. Spark, D. Ball. *House Surgeon and Secretary.*—H. Davies.

## Surrey.

"From the immediate contiguity of this county to the Metropolis, the gentlemen of the medical profession residing in it, and more especially those in the near vicinity of town, look to London for every thing of a public nature; and the mass of the population equally look to the London Hospitals for aid in cases that are appropriate for reception into such institutions. There is, therefore, no hospital in the county out of Southwark."

The following Society, however, is highly creditable to the spirit and intentions of the medical practitioners of Surrey.

SURREY BENEVOLENT MEDICAL SOCIETY.—Instituted in 1812, for the purposes of establishing a Benevolent Fund, the promotion of sentiments of friendship, and mutual information in medical and chirurgical science. Meetings twice a year, at Epsom, Croydon, or Reigate. *President.*—A. Gardner. *Vice Presidents.*—E. Wallace, G. Fletcher. *Trustees of the Fund.*—Dr. Moyd, E. Wallace, A. Gardner, G. Fletcher. *Treasurer.*— E. Wallace. *Secretary.*—Mr. Martin, Reigate.—(1836.)

Admission fee, 3*l.*; annual subscription, 2*l.*, to be paid not more than twenty-five years.

The fund for benevolent purposes now amounts to 3,300*l.*

## Taunton.

TAUNTON AND SOMERSET HOSPITAL.—1809. *Physicians.* — E. B. Eve, 1830; T. Woodforde, 1832. *Surgeons.* — H. Alford, 1830; J. Wing, 1830; R. P. Welch, 1831. *House Apothecary.*—C. N. Cornish, 1834; salary, 60*t.* *Consulting Surgeon.*—J. Billet?

In-patients admitted Thur.; out-patients prescribed for on Tues. and Fri.; Beds, 36. In-patients treated annually, 250; out-patients, 900; annual expenditure, 600*t.*: in-patients chiefly surgical.

There are 5 physicians in the town; 14 surgeons; and 10 druggists, some of whom presume to prescribe. Population, about 12,000. The Medical Society at Taunton possesses a small library.—(1836.)

EYE INFIRMARY.—1816. *Surgeon.*—J. Billett.

March, 1835-6, patients admitted, 486; March, 1816-1836, admitted, 7364.

## Warrington (Lancashire.)

WARRINGTON DISPENSARY.—1810. *Consulting Physician.*—Kendrick. *Physicians.* — Moss, Churton. *Consulting Surgeon.*—Morley. *Surgeons.* — Sharp, Hardy. *Resident Apothecary and Surgeon.*—Robson. (1836.)

## Warwick.

### DISPENSARY.

*Physicians.*—Conolly, Luard. *Surgeons.* —Hiron, Wilmshurst, Jaggard. *Dispenser.*—Wilmshurst.

March, 1835-6, one year, patients admitted,—medical, 328, surgical, 19; died, 19. Expenditure, 153*l.* The diseases which proved fatal are published in the Report.

WARWICKSHIRE NATURAL HISTORY AND ARCHÆOLOGICAL SOCIETY.—1836. *President.*—C. Leigh. *Honorary Secretaries.*—J. Conolly, J. Twamley. *Honorary Curators.*—G. Lloyd, H. Blenkinsop. (1836.)

## Weymouth.

DISPENSARY AND ROYAL INFIRMARY.—1816. *Consulting Physician.* —Sir J. Meade. *Surgeons.*—A. Larkworthy, jun., S. S. Scriven.

*Report.*—Patients admitted from Oct. 25, 1835, to Sept. 16, 1836, 196; received since the commencement in Oct. 1816, to Sept. 16, 1836, 4084.

WEYMOUTH AND DORCHESTER MEDICO-CHIRURGICAL BOOK SOCIETY. *President*—Dr. Jackson. *Treasurer.*—G. A. Ellis. *Honorary Secretary.*—J. P. Aldridge.

No other medical institutions exist in Dorsetshire.—(1836.)

## Whitehaven.

### INFIRMARY.

*Consulting Physician.*—R. Falcon. *Consulting Surgeons for Life.* — Dawson, Robinson. *Surgeons.*—Fox, Thompson, Mitchell, Wylie, Mossop, Burns, Wilson, King. *House Surgeon.*—J. Hodgson.

The Surgeons attend daily from eleven till one o'clock. Two of them take this duty monthly in rotation.

### DISPENSARY, 1783.—FEVER HOUSE, 1818.

In May, 1830, the two were incorporated, and are now called "*Whitehaven Infirmary and Fever House.*" Open daily from 11 to 1; contains 45 beds: attached is an extensive Dispensary practice. Expenditure in 1835, 320*l.*

State of Registry in 1835:—Patients recommended, 1356; trivial incidents, 2284; dead, 64; remaining on Register, 74.

*Consulting Physician.*—R. Falcon, 1830. *Surgeons for Life.*—E. Dawson, 1830; J. Robinson, 1830. *Assistant Surgeons.*—E. Thompson, T. Mitchell, M. Wylie, J. Mossop, J. Burns, J. Wilson, and R. F. King. *House Surgeon.* — J. Hodgson. Taken from Report of 1835.

## Winchester,

### COUNTY HOSPITAL, 1736.

*Physicians.*—E. Phillips, J. Harris. *Consulting Surgeons.*—G. K. Lyford, W. N. Wickham. *Surgeons.*—C. Mayo, H. G. Lyford, W. J. Wickham. *House Surgeon and Apothecary.*—J. Crouch, 1830-34. (1836.)

## Worcester.

GENERAL INFIRMARY.—1745. Beds, 100. *Physicians.*—J. Malden, 1818; C. Hastings, 1818; J. Nash, 1826. Attend every W. and S. at 11.

*Surgeons.*—J. Sheppard, 1819; M. Pierpoint, 1819; T. Carden, 1819.

*House Surgeon and Apothecary.*—H. Cole, 1815: salary, 80*l.*

No lectures of any kind are delivered. Fee for medical pupils, 20g. per ann.; fee for surgical pupils, 30g. per ann. No library, but a small museum of morbid preparations. Patients: admission-day, S. at 11. The number of country patients in proportion to the town is as 8 to 6.

There are two *medical societies* in Worcester: the *Medical Book Society*, consisting of 13 members, secretary, Mr. Sheppard. The *Worcestershire Medical Society* has 20 members; secretary, Mr. Morris. Members are not confined to the town of Worcester, but reside in different parts of the county. Books circulate among them.

### DISPENSARY. 1822.

*Physician Extraordinary* J. Malden, 1834. *Physicians.*—C. Hastings, 1822; R. J. N. Streeten, 1826; J. J. Fcild, 1834. *Surgeons.*—E. Morris, 1822; J. Greening, 1822; W. Jones, 1834. *Visiting Apothecary*, &c.—Richard Hill, 1824. Salary 60*l.*

### WORCESTERSHIRE NATURAL HISTORY SOCIETY.

Officers appointed for 1837.

*President.*—The Lord Bishop of Worcester.

*Hon. Curators.*—F. A. Walter, Esq., J. J. Feild, M.D.

*Treasurer and Hon. Secretary.*—John Evans.

### LITERARY AND SCIENTIFIC SOCIETY.

Number of members, 200; it has published nothing, but has a library to circulate books among the members.—(1835.)

## Wrexham.

### DISPENSARY. 1833.

*Consulting Physician.*—Parker. *Surgeons.*—H. Hughes; G. Lewis; T. T. Griffith; V. P. Royle. *Dispenser and Secretary.*—D. Thomas.

The self-supporting department does not fully answer the purposes anticipated; many entering during sickness, and ceasing to subscribe when they have got a cure.

Medical Statement: Patients admitted the first year, 809. Second ditto, 923. Third ditto, May, 1835-36, 1013.

Payments last year: Drugs and leeches, 101*l.* 16*s.*; surgical instruments, &c., 17*l.* 1*s*; dispenser's salary, one year, 60*l.*; to the medical officers, 7*l.* 16*s.*; other expenses, 65*l.* 1*s.* Total 251*l.* 14*s.*

## York.

### COUNTY HOSPITAL.—1740.

*Physicians.*—B. Wake, 1809; H. S. Belcombe, 1832. *Surgeons.*—G. Champney, 1813; H. Russell, 1834. *House Apothecary and Surgeon.*—T. Laycock; salary 60*l.*

The Library contains about 1000 vols. and there is a Museum just formed. Clinical Lectures are given by Wake and Belcombe once a week. Medical and surgical pupils, perpetual fee for attendance, 25g.

### MEDICAL SOCIETY.—1832.

*President.*—Mr. Swineard.

17 Members. A Circulating Medical Library is connected with the Society. (1836.)

### SCHOOL OF MEDICINE.

*Anatomy, Physiology,* and *Pathology* Hopps lectures. *Demonstrations,* Hopps. *Surgery,* Champney, Henry Russell. *Materia Medica,* Needham. *Chemistry,* T. Tate. *Medicine,* Simpson. *Botany,* Rev. W. Hincks. *Medical Jurisprudence,* Belcombe. *Midwifery,* J. Allen, W. Anderson.

Clinical Lectures will be given to the pupils of the hospital.

### YORK LUNATIC ASYLUM.

*Physician.*—Wake. *Apothecary.*—T. Ellis.

Net expenditure in the year ending May 31, 1836, 5592*l.* Revenue, 8086*l.*

### THE RETREAT FOR LUNATICS.
1796.

Number of patients in the house, 1836, 96. Total number treated since commencement to end of 1835, 508. Expenditure in the year ending March 31st, 1836, Revenue, 3848*l.* 2*s.* 10*d.*

*Officers. Physician.* — H. S. Belcombe. *Surgeon.* — Caleb Williams. *Superintendent.*—T. Allis.

### MEDICAL CHARITABLE SOCIETY FOR THE WEST RIDING OF THE COUNTY OF YORK.

Next Meeting to be held at Bradford.

*President.*—Dr. Thorp, *Leeds.*

*Vice-Presidents.*—Dr. Favell, *Sheffield;* Dr. Thomas, *Wakefield;* Dr. Scholefield, *Doncaster;* Dr. Outhwaite, *Bradford;* Dr. Moulson, *Halifax;* Mr. Richardson, *Harrogate;* Mr. Hare, *Leeds;* Mr. Simpson, *Skipton.*

*Treasurer.*—William Hey, Esq., *Leeds.*

*Secretary.*—Mr. Garlick, *Leeds.*

35 Stewards are also appointed.

The Society comprises between 200 and 300 subscribing members, chiefly, but not exclusively, of the Medical Profession. It has received several donations; and as it appears that the property of the Society may amount to the required sum of 2000*l.* before the Annual Meeting, July, 1837, applications for relief will be received at that meeting. The funds have been accumulating for eight years.

The Society is established for the relief of widows and orphans of Medical Men dying in exigent circumstances, and for the benefit of Practitioners in a state of poverty, being at the same time incapacitated by age or bodily infirmity. All benefactors of 10g., or subscribers of 1g. annually, being *regular* Practitioners, are members of the Society, and no annual subscription of a Member can exceed 1g. (1836.)

### DONCASTER DISPENSARY,—1792.

*Consulting Physician.*—Dr. Robinson. *Physician.*—Dr. Scholefield. *Consulting Surgeon.*—J. Branson. *Surgeons.*—Moore, Morey, Storrs, Holbrey. *Apothecary and Secretary.* —G. Loxley.

Oct. 1834-5, one year, 1561; died, 67; expenditure, 447*l.* (1836.)

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## WALES.

### Abergavenny.

#### DISPENSARY.—1828.

*Surgeons.*—C. M. Ashwin, T. Batt, T Steele, W. Steele.

The medicines are supplied by a druggist. (1836.)

### Brecon.

#### BRECKNOCK COUNTY AND BOROUGH GENERAL INFIRMARY. —1834.

The House will accommodate 35 patients; but no more than 6 beds are at present made up.

*Consulting Physician.*—H. Lucas, 1835. *Physicians.*—W. Wynter, 1835; H. J Lucas, 1835. *Surgeons.*—T. Batt, 1833; T. Armstrong, 1833. *House Apothecary.*—J. North, 183 . Salary, 40*l.*

### Denbigh.

#### DENBIGHSHIRE INFIRMARY AND GENERAL DISPENSARY.—1826.

A new building has been added, and the infirmary will now accommodate 40 patients.

*Physicians.*—G. Cumming, 1808; J. Williams, 1836. *Honorary Physician.*—R. P. Jones. *Surgeons.*—Hughes, 1808

Ll. Williams, 1815. *Apothecary.*—R. Jones.

1835.—In-patients admitted, 128: died, 5. Out-patients, 364; daily accidents, 1826-35.—In-patients, 881; out-patients, 30949.

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### Swansea.

INFIRMARY.—1816. Beds, 18. *Honorary Physician.*—J. Gibbon, 1822. *Physicians.*—Howell, 1831; Cohen, 1835. *Surgeons.*—G. G. Bud, 1825: W. Roland, 1832. *House Surgeon.*—L. F. Mortimer, 1835.

1832-5.—In patients admitted in four years, 361; out-patients, 4652. Average number that attend every other day, 99, one in 10 of the patients is from the town.

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A Philosophical and Literary Institution, established in 1836, now numbers about 180 members.

# SCOTLAND.

## Edinburgh.

### UNIVERSITY OF EDINBURGH.

*Established* 1582.

### FACULTY OF MEDICINE.

*Chemistry*, Hope, 10 a. m. *Practice of Physic*, Home, 11 a. m. *Midwifery*, Hamilton, 3 p. m. *Botany*, Graham, 8 a. m. in summer, and 5 p. m. in winter. *Institutes of Medicine*, Alison, 8 a. m. *Anatomy and Physiology*, Monro, 1 p.m. *Natural History*, Jameson, 2 p. m. *Materia Medica*, Christison, 9 a. m. *Military Surgery*, Sir George Ballingall, 1 p. m. *General Pathology*, Thomson, 2 p. m. *Surgery*, Sir C. Bell, 10 a. m. *Clinical Surgery*, Syme, 4 p. m. *Medical Jurisprudence*, Traill, 9 a. m. in winter, and 11 a. m. in summer. *Clinical Medicine*, Graham, Alison, Christison, and Traill, in rotation, two carrying on the course at the same time, 4 p. m. *Practical Anatomy*, under the superintendence of Monro by W. Mackenzie, and *Practical Chemistry*, under the superintendence of Hope, by K. T. Kemp.

The lectures are delivered daily on all these subjects, except on military surgery, on which there are three lectures weekly; Clinical Medicine, on which there are four; Clinical Surgery, on which there are two; and the winter course of Botany, on which there are three every week. Most of the Professors set aside their hour on Saturday for examination of their classes, the rest lecture on that day.

The Winter Session lasts six months, from the beginning of November till the end of April. The Summer Session, three; commencing in May and ending in July.

Every student before entering with any professor must procure a Matriculation Ticket, the price of which is 1*l.* This ticket entitles him to the use of the College Library during the session. The fees to most of the classes are 4*l.* 6*s.*

The Library, a general one, and particularly rich in the Medical and Physical departments, is open from nine till four. The volumes are understood to exceed 100000. Besides the right of borrowing books, the students have the use of a spacious consulting room, which is much frequented.

The Public Museums are, 1. The Natural History Museum, open to the Professors' pupils, at most hours; and other students, under particular regulations, may visit it occasionally; the public pay 1*s.* each visit. 2. The Anatomical Museum, open to the pupils of the Professor of Anatomy; and on payment of an annual fee of 7*s.*, or a composition of 1*l.* 1*s.*, to all other students also. Private collections are attached to the chairs of Chemistry, Materia Medica, Institutes, General Pathology, Midwifery, Clinical Surgery, Military Surgery, Medical Jurisprudence, Botany; and most of these are of great value.

The Botanic Garden, a mile and a half from the University, occupies eleven acres. It is maintained at the expense of 1000*l.* a year. It is open from 6 a. m. to 6 p. m., to the pupils of the class, and easily accessible, without payment, to other students or the public, as occasional visitors.

The Medical Students matriculated in the session 1836-37, were 623. The Medical Graduations were, in 1837, 105; of whom 34 were Soctch; 34 English; 21 Irish; and 16, from abroad. The average number graduating during the last five years is 113.

### STATUTES OF THE UNIVERSITY OF EDINBURGH, RELATIVE TO THE DEGREE OF M.D., 1833, AND STILL IN FORCE.

Sect. I. No one shall be admitted to the Examinations for the degree of Doctor of Medicine who has not been engaged in medical study for four years, during at least six months of each, either in the University of Edinburgh, or in some other University where the degree of M.D. is given; unless, in addition to three Anni Medici in an University, he has attended, during at least six winter months, the Medical or Surgical Practice of a General Hospital, which accommodates at least eighty patients, and during the same period a course of Practical Anatomy; in which case three years of University study will be admitted.

Sect. II. No one shall be admitted to the Examinations for the degree of Doctor, who has not given sufficient evidence,—

1. That he has studied, during courses of six months, each of the following departments of Medical Science, under Professors of Medicine in this or in some other University,—Anatomy, Chemistry, Materia Medica and Pharmacy, Institutes of Medicine, Practice of Medicine, Surgery, Midwifery, and the Diseases peculiar to Women and Children, General Pathology, Practical Anatomy, (unless it has been attended in the year of extra academical study, allowed by Sect. 1.,) Clinical Medicine, three months Clinical Surgery, Medical Jurisprudence, Botany, Natural History, including Zoology. 2. That in each year of his Academical Studies he has attended at least two of the Six Months' Courses of Lectures, or one of these and two of the Three Months' Courses. 3. That, besides the Course of Clinical Medicine already prescribed, he has attended, for at least six months of another year, the Medical or Surgical Practice of a General Hospital, either at Edinburgh or elsewhere, which accommodates not fewer than eighty patients. 4. That he has attended for at least six months, by apprenticeship or otherwise, the art of Compounding and Dispensing Drugs. 5. That he has attended for at least six months the Out-practice of an Hospital, or the Practice of a Dispensary, or that of a Physician, Surgeon, or Member of the London or Dublin Society of Apothecaries.

Sect. III. No one shall obtain the degree of Doctor who has not studied, in the manner already prescribed, for at least one year previous to his graduation, in the University of Edinburgh.

Sect. IV. Every candidate for the degree in Medicine, must deliver, before the 24th of March of the year in which he proposes to graduate, to the Dean of the Faculty of Medicine,—First, A declaration that he is twenty-one years of age; and that he will not be then under articles of apprenticeship to any Surgeon or other master. Secondly, A statement of his studies, as well in Literature as in Medicine, accompanied with proper certificates. Thirdly, A Medical Dissertation in Latin or English, to be perused by a Professor, and subject to his approval.

Sect. V. The candidate must submit to be examined as to his knowledge of Latin; and the Faculty proceed to examine him, either viva voce, or in writing; first, on Anatomy, Chemistry, Botany, Institutes of Medicine, and Natural History, bearing chiefly on Zoology; and, secondly, on Materia Medica, Pathology, Practice of Medicine, Surgery, Midwifery, and Medical Jurisprudence. Students may be admitted to an Examination on the first division of these subjects, at the end of the third year of their studies. If any one, at these private examinations, be found unqualified for the degree, he must study for another year two of the subjects prescribed in Sect. II., under Professors of Medicine, in this or in some other University, before he can be admitted to another examination. Should he be approved of, he will be allowed, but not required, to print his Thesis; and, if printed, forty copies of it must be delivered, before the 25th day of July, to the Dean of the Medical Faculty. If the candidate have satisfied the Medical Faculty, the candidate shall be summoned, on the 31st of July, to defend his Thesis before the Senatus Academicus; and, finally, if the Senate think fit, he shall be admitted, on the first of August, to the degree of Doctor.

The Fee payable for a Diploma is 25*l*.

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## ROYAL COLLEGE OF PHYSICIANS.

*Incorporated in* 1681.
*Resident Fellows.*

*President.*—*W. P. Alison. *Treasurer.*—T. Spens. *Fellows.*—* J. Home, * J. Hamilton, * T. C. Hope, *A. Monro, J. H. Davidson, W. Adam, * R. Graham, R. Renton, * R. Christison, J. Abercrombie: G. A. Borthwick; W. Beilby, E. Gairdner, J. Macwhirter,

* rofessors in the University.

T. Short, J. Wood, R. Poole, R. M. Hawley, J. Thatcher, * J. Thomson, R. Lewins, D. B. Reid, A. Combe, D. Craigie, J. H. Peebles, P. Fairbairn, *T. S. Traill, J. D. Hunter, W. Thompson, John Smith, R. Spittal, C. Ransford, W. Macdonald, W. Saller, J. Simpson, J. Reid, J. Spens, M. Barry, J. Moir, G. Paterson.

*Non-Resident Fellows.*

A. Morison, W. Fergusson, W. P. Lauder, J. G. Playfair, R. Carnegy, R. Grant, W. Gregory, J. Mackenzie, M. Robertson, J. D. Morrier, J. Patterson, R. Richardson, T. B. Harness, S. Hobart, J. Tilstone, H. Atkinson, E. B. Lockyer.

In addition to the list in Almanack 1837, p. 111.

*Resident-Licentiate* — J. Sanders. *Non-resident Licentiate.*—A. Reid.

The fee to be paid by a Resident Licentiate or Fellow, is 100*l.*

The fee to be paid by a Non-resident Licentiate or fellow, is 55*l.*

## ROYAL COLLEGE OF SURGEONS.

*Incorporated* 1778.

*President.*—Sir G. Ballingall. *Treasurer.* T. Lothian. W. Nisbet, *J. Hamilton, H. Johnson, J. Walker, * J. Thomson, C. Anderson, J. Herdman, W. Newbigging, J. Allen, *Sir C. Bell, L. Flanaghan, J. B. Johnston, R. Robertson, A. Gillespie, J. Wardrop, J. Abercrombie, A. Edmonston, W. Wood, J. Young, J. Bell, J. Keith, D. Hay, J. Caird, H. Spalding, R. Watson, A. M. Ross, * J. Gairdner, W. Bowie, J. Lizars, J. MacNeil, A. Hunter, D. MacLagan, J. Aitkin, T. Inglis, W. Brown, A. Tweedie, J. Thatcher, W. Law. R. Liston, A. Fyfe, *D. Clarke, W. Howison, W. Campbell, J. MacFarlan, *A. Macaulay, R. Hamilton, A. Watson, J. A. Robertson, † J. Pitcairn, E. W. Duffin, † R. Huie, † J. Begbie, † J. S. Combe, J. Russell, * J. Syme, R. Nasmyth, B. Bell, † J. Campbell, J. Mackintosh, D. Johnston, G. Johnston, †A. Inglis, † W. Dumbreck, W. Thomson, R. Knox, † J. Simson, † F. Farquharson, M. Sinclair, A. Maper, A. Bryce, T. J. Aitkin, J. Murray, J. Scott, W. M. Bathgate, S. A. Pagan, G. H. Bell, H. B. Macfarlane, W. Fergusson, J. R. Sibbald, A. Warden, W. Sharpey, G. Gill, A. Miller, A. Wood, A. J. Lizars, T. Wood, A. Thomson, R. Omond, A. D. Maclagan, P. D. Handyside. J. H. Balfour, E. B. Shirreffs, P. S. K., Newbigging, B. Bell, J. Duncan, W. H. Thomson, D. Skae, G. S. Newbigging.

*Honorary.*—Sir C. Kerr, Sir W. Franklin, Sir J. Macgrigor, Sir A. Cooper.

*Professor of Surgery to the College.*—John Lizars.

*Museum of the College. Conservator.*—W. MacGillivray. This Museum is of great extent and value. Students are provided with tickets of admission, on registering their names and classes in the Album of the College, at the commencement of the Session.

To become a *Fellow* of the Royal College of Surgeons, the candidate is required—1. To present an Essay upon some surgical subject, which if approved of, he must print for circulation among the Fellows. He has then to undergo Three Examinations before the College. 1. On Anatomy and Surgery. 2. On Chemistry, Materia Medica, &c. 3. On the Essay he has written. If he passes these examinations to the satisfaction of the College, he is admitted to the Fellowship. The fee for admission is 250*l*; except to apprentices of Fellows, who pay only 100*l.*

### REGULATIONS.

For Candidates wishing to obtain the *Diploma* of the Royal College of Surgeons.

1835.

I. *Schools of Medicine and Teachers recognised by the College.* These are,—

1. Universities. 2. All Established Schools of Medicine, by which terms are meant all places in this country where Diplomas in Surgery are granted, and all Foreign Schools acknowledged by the authorities of the countries where they exist. 3. Provincial Schools, especially recognised by the College. 4. The Course must further be delivered by Fellows of the Royal Colleges of Physicians or Surgeons of Edinburgh. Professors of Universities, Fellows or Licentiates of the Royal College of Physicians of London, and of the King's and Queen's College of Physicians in Ireland, Fellows of the Royal Colleges of Surgeons of London and Dublin; and of the Faculty of Physicians and Surgeons, Glasgow; or such persons holding a Medical or Surgical Diploma whose courses shall have been specially recognised by the College.

II. *Course of Study required from Candidates.*

1 Every Candidate must either previously to, or during the course of his Medical Education, have received instruction in Mathematics, and must have attended a recognised Course of Mechanical Philosophy of at least Three Months'

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* Professors in the University.
† Examinators.

duration. He is also required to possess a competent knowledge of Latin.

2. The Candidate must have attended the following separate courses of Medical Lectures during a period of at least four Winter Sessions of Six Months' duration; or Three Winter, and Three Summer Sessions, the latter of Three Months' duration, viz:—

*Courses of Six Months' duration.*—Anatomy and Surgery, two courses of each. Practical Anatomy, Chemistry, Materia Medica, Physiology, Practice of Medicine, Clinical Medicine, Clinical Surgery; one Course of each.

*Courses of Three Months' duration.*—Practical Chemistry, Midwifery, Medical Jurisprudence; one Course of each.

3. He must further have attended for Eighteen months a Hospital, containing at least 80 beds; or else, for Twelve Months such a Hospital, and for Six a Dispensary recognised by the College. He must also bring evidence of having been engaged, by Apprenticeship or otherwise, in compounding and dispensing Medicines.

Examinations take place on the first and third Tuesdays of every Month.

The fee for a Diploma is 7*l.* 5*s.*, except to Apprentices of Fellows; of whom those bound for the freedom pay 25*s.*; and the others, 2*l.* 12*s.* 6*d.*

The numbers who received Diplomas in the course of the 12 months, commencing October, 1836, is 128; of whom 76 were from Scotland, 20 from England, 12 from Ireland, and 20 from Abroad.

Ten Years, 1823-32. Fees received for 1632 Diplomas, 8773*l.*; paid to the Examinators, 1720*l.*—(*Parl. Return.*)

## PRIVATE LECTURES IN EDINBURGH.

The following Courses of Lectures, delivered by Fellows of the Colleges of Physicians and Surgeons of Edinburgh, although not recognised by the University, qualify for the Diploma of the Royal College of Surgeons:—

*Anatomy.*—Knox, Old Surgeons' Hall, 11 a. m.; A. J. Lizars, 11, Argyle-square, 11a.m.; Handyside, 4, Surgeons'-square, 11 a. m.

*Practical Anatomy.*—The above-named Lecturers on Anatomy, from 9 a. m. to 4 p. m.

*Chemistry.*—Fyfe, 3, Surgeons'-square, 10 a. m. Murray, 11, Argyle-sq., 10 a. m.; D. B. Reid, 6, Roxburgh-place, 10 a. m.

*Practical Chemistry.*—By the above-named Teachers of Chemistry.

*Materia Medica and Pharmacy.*—J. A. Robertson and Seller, 11, Argyle-square, 7 p. m.; T. J. Aitken, Old Surgeons' Hall, 10 a. m.

*Physiology.*—J. Reid, 11, Argyle-square, 9 a. m.; T. J. Aitken, Nicolson-st., 5 p. m.

*Practice of Medicine.*—Craigie, 4, High School-yards, 9 a. m.; G. A. Borthwick, Infirmary-street, 9 a. m.

*Surgery.*—J. Lizars, 11, Argyle-square, 2 p. m.; J. A. Robertson, Infirmary-street, 2 p. m.; W. Fergusson, Old Surgeons' Hall, 2 p. m.

*Clinical Medicine.*—T. Shortt, Royal Infirmary, 4 p. m., twice a week; G. A. Borthwick, Royal Infirmary, 3 p. m., twice a week.

*Clinical Surgery.*—J. Lizars, Royal Infirmary, 4 p. m., twice a week.

*Midwifery.*—Thatcher, Surgeons'-square, 3 p. m.; W. Campbell, Old Surgeons' Hall, 3 p. m.

*Medical Jurisprudence.*—D. Skae, 11, Argyle-square, 10 a. m.

*Natural Philosophy.*—Lees, Adam-square, 12 o'clock; Russell, Infirmary-street, 12 o'clock.

The private lecturers illustrate their lectures by demonstrations, &c., wherever practicable; and some of them have collections of great value.

These courses are all of six months' duration, excepting Practical Chemistry, Clinical Surgery, Midwifery, and Medical Jurisprudence, which are of three months' duration.

Fee for each of the above courses, 3*l.* 5*s.*; for Chemistry and Practical Chemistry jointly, 5*l.* 7*s.*

## ROYAL INFIRMARY.

The Royal Infirmary can accommodate 300 patients, and is divided into three departments. 1. The Surgical Wards. 2. The Ordinary Medical Wards. 3. The Clinical Wards.

*Ordinary Physicians.*—T. Spens, T. Short, Craigie, and G. A. Borthwick.

*Consulting Surgeons.*—Sir G. Ballingall, J. Campbell, Sir C. Bell.

*Acting Surgeons.*—J. Lizars, Syme, A. Watson.

*Assistant Surgeon.*—W. Fergusson.

[*Statistics.* — Edinburgh Infirmary, during the ten years from 1826-35, cases discharged, 31739, average number in the house, 226·9; died, 2762. Glasgow Infirmary, during the ten years 1822-31, cases discharged, 23573; average number in the house, 210·0; died, 2173.

Edinburgh Infirmary,—deaths in 100 cases, 8·7; days of treatment, 26: mortality in 36·5 days, ·122. Glasgow Infirmary,—deaths in 100 cases, 9·2; days of treatment, 32·5; mortality in 36·5 days, ·104.

The average number in the Infirmary, Edinburgh, is the average number at the end (October) of the ten years; the Glasgow return is from Dr. Buchanan's History of the General Infirmary.]

The Professor of Clinical Surgery is always an acting surgeon, and gives lectures throughout the year on the cases. One of the ordinary surgeons also gives a Clinical Course.

The Clinical Medical Wards accommodate 80 patients, and are attended by four of the medical professors of the University in rotation—two attending at the same time. A course of Clinical Medicine is also given by two of the ordinary physicians.

The ordinary medical officers are appointed by the managers of the institution. The surgeons hold their office for a limited period, but may be re-elected. Their services are entirely gratuitous.

Every medical officer visits his patients regularly once a day, from 12 to 1. There are no days fixed for operations, which, when required, are performed at 12 o'clock, in a spacious and handsome operating theatre. Pathological dissection from 1 to 2.

There are six *Clerks* resident in the house, three of whom are attached to the physicians, and three to the surgeons. They are appointed by the managers, the preference being given to those candidates who possess the best certificates of qualifications and character. They hold their office for two years, being first appointed to the medical wards, and attaining the office of *House Surgeon*, according to seniority. They pay an annual board of fifty guineas.

Twelve *Surgeons' Dressers* are appointed by the managers every six months. The appointments take place in May and November. They pay a fee of 3*l*. 3*s*. to the house on their appointment.

The Professors of Clinical Medicine have each the power of naming four gentlemen to act as *Clinical Clerks*, subject to the approval of the managers. This situation is much sought after, and is usually conferred by the professors on the most distinguished students. The clinical clerks pay a fee of 3*l*. 3*s*. to the house on their appointment, and hold the situation for three months.

There are no out-patients treated at the Infirmary, all such cases being seen at the Dispensaries. Applicants for admission into the house attend daily from 11 to 12. The recommendation of any householder is all that they require to bring with them. The number of patients admitted last year was 3248; the number of deaths 263.

The following are the fees payable by students for admission to the practice of the hospital:—

Annual Ticket, 5*l*. 7*s*. 6*d*.; Half-yearly, 3*l*. 5*s*. 6*d*.; Perpetual, 12*l*. 7*s*.

## LOCK HOSPITAL,

### SURGEON-SQUARE.

*Medical Officers.*—J. Campbell, J. A. Robertson.

Females affected with venereal complaints are not received into the Royal Infirmary. This hospital was therefore instituted within the last two or three years for the exclusive reception of such cases. Students have an opportunity of seeing the practice on the payment of one guinea, which entitles them to admission for three months.

The visit is made at one o'clock on Tuesdays, Thursdays, and Saturdays; and at two on the alternate days.

## LYING-IN HOSPITAL.

*Physician.*—Hamilton, Professor of Midwifery in the University.
*Assistant Physician.*—J. Moir.
*Surgeon.*—Moir.

This Institution is designed for the students attending the midwifery class in the University. Women are delivered in the hospital, and also at their own houses. To the former, students are summoned in classes of five or six; the latter are distributed among such students as are willing to attend them. The number of cases delivered in the house last year was about 200; of out-cases, 600.

No pupil can be admitted to this Institution unless he possesses the ticket of the midwifery class in the University. A six months' ticket to the hospital costs 1*l*. 2*s*.; a three months' ticket, 11*s*. 6*d*.

The diseases of women and children are not treated at this Institution.

The private teachers of midwifery have also dispensaries for lying-in women, for the advantage of their pupils. Dr. Thatcher has besides a dispensary for the diseases of women and children.

## ROYAL PUBLIC DISPENSARY.

*Instituted* 1776.

*Physicians.*—Hunter, Borthwick, Spittall, Ransford, J. G. Simson, Bell.

*Surgeons.*—Fergusson, Professor Lizars, A. Miller, B. Bell, Watson.

Three of the physicians and three of the surgeons attend in rotation every three months. A physician and surgeon attend at the Dispensary daily from 2 to 3 p. m., and vaccinations take place every Wednesday and Saturday, from 1 to 2 p. m.

Two of the medical officers retire annually, when a new election takes place.

Number of patients seen at the Dispensary, from Jan. 1, 1826, to December 31, 1835, 35778; number seen at their own houses, 31844. Vaccinations, 3522. Total patients, 71144.

Every medical officer is allowed to have two pupils, who pay to the funds of the Institution one guinea for each month of attendance.

### NEW TOWN DISPENSARY.

*Instituted* 1815.

*Medical Officers.*—A. Wood, Farquharson, Omond, A. D. Maclaggau, Balfour, Duncan, P. Newbigging, W. H. Thomson, G. Paterson.

*PhysiciansAccoucheurs.*—Macauley, Dumbreck, Pagan.

Two medical officers are in daily attendance, from 1 to 2 p. m. Vaccinations, Tuesdays and Fridays, from 12 to 1.

The number of medical and surgical patients since 1815 is above 155000. In 1836, 5864 applied for advice, of whom 3400 were visited at their own houses. Number vaccinated, 211.

As in the other Dispensary, two pupils are attached to each medical officer. They pay for the first three months 2*l.* 5*s.*; for the second, 1*l.* 1*s.* Besides general cases, they may also, if they please, attend lying-in patients. Pupils are also received into the Laboratory of the Institution.

### EYE DISPENSARY.

405, LAWN-MARKET.

*Surgeons.*—J. A. Robertson, Farquharson, J. Hunter.

Open Mondays, Wednesdays, and Fridays at one o'clock.

The fee payable by pupils is one guinea for three months.

### LEITH DISPENSARY, AND EDINBURGH AND LEITH HUMANE SOCIETY.

Humane Society, inst. 1784, Disp. 1816. United 1825.

*Physicians and Surgeons.*—C. Anderson, C. Cheyne, J. S. Combe, R. Lewins, T. Craigie, J. Coldstream, G. Kirke, W. Bruce.

*Apothecary.*—A. Macdougall.

Attend Mondays, Wednesdays, and Fridays, at 1 p. m.; each two months in rotation.

Number of patients, about 2300 annually.

### ROYAL SOCIETY, EDINBURGH.

*President.*—Sir T. Brisbane.

*Vice Presidents.*—Lord Glenlee, Dr. Hope, Sir D. Brewster, Lord Greenock, Rev. Dr. Chalmers, Dr. Abercrombie.

*General Secretary.*—J. Robison, Esq.

*Secretaries of Meetings.*—Dr. Christison, and Professor Forbes.

*Treasurer.*—Charles Forbes, Esq.

*Curator.*—Dr. Traill. *Assistant Curator.*—J. Stark.

*Council.*—Sir G. Ballingall; J. T. Gibson Craig, Esq.; Lord Meadowbank; T. Thomson, Esq.; Archdeacon Williams; Professor Henderson; G. Forbes, Esq.; Sir H. Jardine; Rev. Dr. Welsh; Sir C. Bell; D. Milne, Esq.; J. Smith, Esq.

The Society meets from November to May, on the first and third Mondays of every month, at 8 p. m.

The Keith Medal, with a handsome piece of plate, is awarded every two years to the author of the most important paper on the Society's Transactions. The last successful competitors were Sir David Brewster, and Thomas Graham, Esq., London.

WERNERIAN NATURAL HISTORY SOCIETY.—*Instituted in* 1808, for the cultivation and encouragement of natural history. Meets in apartments in the University once a fortnight during the nine months of the College session. Publishes Transactions.

*President.*—Professor Jameson.

*Vice Presidents.* — Dr. T. S. Traill, R. Stevenson, Dr. J. Coldstream, D. Falconer.

*Secretaries.*—Dr. Neill, T. J. Torrie.

*Council.* — J. Young, W. Copland, Dr. Greville, J. Sligo, Dr. Adam, Dr. Macdonald, Dr. Martin Barry, R. J. Hay Cunningham.

## MEDICAL SOCIETIES.

MEDICO-CHIRURGICAL SOCIETY.—Composed chiefly of the physicians and surgeons of the city, with corresponding members in the country and abroad, meets once a fortnight for the reading of original papers, which were at first published in express volumes, but now appear in the Edinburgh Medical and Surgical Journal.

*President.*—Dr. Christison.
*Vice Presidents.*—W. Wood, Esq., Dr. Alison, and Sir G. Ballingall.
*Council*—Dr. Renton, A. Cockburn, Esq., Dr. Maclaggan, Professor Syme, Dr. J. Smith, Dr. J. A. Robertson, Dr. Handyside, Dr. J. H. Balfour.
*Secretaries.*—W. Brown, Esq. and Dr. W. Thomson.

ROYAL MEDICAL SOCIETY.—*Instituted* 1737, and consisting of the senior students and young practitioners; meets once a week for discussing papers on assigned subjects, and for hearing medical news. Possesses a very valuable library in medicine and the collateral sciences of about 11000 volumes.

*Presidents*, 1836-37.—W. B. Carpenter; J. R. Cormack; E. Charlton, M.D.; J. H. Bennett.
*Secretary and Librarian.*—Nicolson Bain.

This society, which has now existed 100 years, has been always considered a very important addition to the various means of medical education in Edinburgh. It is invariably composed of the best class of students. The fees payable by members are, first year of attendance, 4*l.* 10*s.*; second, 3*l.* 5*s.*; third, 2*l.* 4*s.* During the third year of his attendance, each member is required to read an essay, on which, and the payment of his third yearly subscription, he is exempted from all further contributions, continuing, so long as he resides in Edinburgh, to enjoy the free use of the library, and all the other advantages of the society.

ROYAL PHYSICAL SOCIETY.

Composed nearly as the Royal Medical Society, and for nearly the same purposes. Meets in the University once a week during the winter session.

*Presidents.*—W. Macdonald, M. D.; W. Stanger; W. B. Carpenter; J. H. Bennett.
*Secretaries.*—G. Trustel, and J. Gall.

HUNTERIAN MEDICAL SOCIETY.—Also constituted in much the same manner with the Royal Medical Society, and for similar objects. Has a library of above 1000 volumes; and, during the session, meets once a week in the University.

*Presidents*, 1836-37.—A. Brown, M. de Cartolomé, J. Satchell, G. S. Cardew.
*Secretaries.* G. Fearon, and R. W. Falconer.

The entrance fee is 1*l.* 1*s.*, and 10*s.* annually for two succeeding years.

ANATOMICAL SOCIETY.—*Instituted in* 1834, for the investigation of animal and vegetable anatomy, physiology, and pathology. Composed chiefly of young resident practitioners.

*President.*—Dr. J. Home. *Vice President.*—Dr. Simpson. *Treasurer.*—Dr. Spittall. *Secretaries.*—Dr. Omond, and Dr. Ransford.

## Glasgow.

UNIVERSITY.—*Founded* 1450.

The Duke of Montrose, Chancellor.
Sir R. Peel, Bart., Rector.

The winter session lasts from Nov. 1, to the 1st of May, when the business of the session closes by a public distribution of prizes.

The summer session begins in May, and ends in July.

The Medical Lectures commence in the beginning of November.

Degrees in Medicine are conferred on the last Wed. of April, and the first Wed. of August.

Subjects and Lectures.

*Anatomy and Practical Anatomy.*—Jaffray. *Anatomical Demonstrations.*—Marshall. *Botany.*—Hooker. *Chemistry and Practical Chemistry.*—Thomson. *Diseases of the Eye.*—Mackenzie. *Materia Medica.*—Couper. *Practice of Medicine.*—Badham. *Theory of Medicine.*—Rainy. *Midwifery.*—Cumin. *Surgery.*—Burns.

Dr. Mackenzie's Course lasts only during Nov., Dec., Jan. Fee 2g. Fee for the other classes, each, 3g.

FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.

This is the Licensing body for Lanarkshire, Renfrewshire, Dumbartonshire, and Ayrshire. Founded 1599.
Examinations throughout the whole year. Fee for Diploma, 7g.

*President.*—Panton. *Visitor.*—Perry. *Collector.*—Watson. *Boxmasters.*—Johnson, Maxwell. *Seal Keeper.*—Anderson. *Assistant Examinators.*—Gibb, M'Farlane, M'Dowall, Gray, Drummond. *Manager of Widows' Fund.*—Corkindale. *Librarian.*—Pagan. *Clerk.*—Hill. *Officer and Sub-Librarian.*—Jones.

## ANDERSONIAN UNIVERSITY.

*Anatomy and Practical Anatomy.*—Hunter. *Practice and Theory of Medicine.*—Hannay. *Materia Medica.*—Buchanan. *Surgery.*—Lawrie. *Midwifery.*—Brown. *Medical Jurisprudence.*—Watt. *Chemistry.*—Gregory. *Natural Philosophy.*—Wilson.

Fee for admission to each course, 2g.

## PORTLAND-STREET MEDICAL SCHOOL.

*Chemistry.*—M'Grigor. *Surgery.*—Auchincloss. *Medical Jurisprudence.*—Pagan. *Practice of Medicine.*—Weir. *Principles of Medicine.*—Weir. *Anatomy.*—M. S. Buchanan. *Materia Medica.*—Davidson. *Midwifery.*— J. Wilson. *Mechanical Philosophy.*—Mackie.

## ALBION-STREET.

*Anatomy and Surgery.*—J. Douglas.

## ROYAL INFIRMARY.

*Physicians.*—Cowan, Brown, Anderson. *Surgeons.*—Pagan, Auchincloss, Lawrie. Spittal. *Lecturers on Clinical Medicine.*—Cowan, Brown. *Clinical Surgery.*—Pagan, Auchincloss. *Surgeons' Clerks.*—Hannay, Cleland. *Physicians' Clerks.*—Angus, Stewart, Anderson, Currie, Stewart. *Apothecary.*—Fisher.

The Infirmary and Fever Hospital can accommodate 420 patients. The surgeons' and physicians' clerks pay 40*l.* per annum for board. Students are allowed to attend the hospital practice for two years, on payment to the funds of the Institution of 7*l.* 7*s.*, and are entitled to attend a course of Medical and Surgical Clinical Lectures (four weekly) for six months, without any further payment. Every patient that dies is inspected in the presence of the pupils and medical attendants.

## ROYAL ASYLUM FOR LUNATICS.

*Physician.*—Balmanno. *Surgeon.*—Cumin.

(1836.) Average number of patients; males, 80; females, 74. Admitted; males, 65; females, 57. Discharged; cured, males, 32; females, 29; dead, males, 9; females, 3: otherwise, males, 18; females, 19. Receipts, 5186*l.*; of this, 4826*l.*, for board of patients. Expenditure, 4485*l.*; 2521*l.* for home expenses, 518*l.* for salaries.

## LOCK HOSPITAL.

*Physicians.*—W. Cumin, and A. J. Hannay.

(1836.) Patients treated, 271; cured, 260; died, 8; irregular, 8. Average number in the hospital, 25. Term of treatment, 35 days. Expenditure, 416*l.* 11*s.*

## EYE INFIRMARY.

*Surgeons.*—W. Mackenzie, H. Rainy. *Assistant Surgeon.*—Wood. Beds, 10.

(1836.) Patients admitted, 765; cured, 610. Expenditure, 287*l.* Hour of visit, 1 p. m. daily. Fee for six months, 2g. To those who attend the Eye Lectures in the University, 1g.

## LYING-IN HOSPITAL AND DISPENSARY.

*Hospital Superintendents.*—J. Wilson, J. Brown.

*Consulting Accoucheurs.*—Maxwell, J. Gibson.

*Assistant Accoucheurs, or Out-door Superintendents.*—A. Stewart, J. Panton, Hill, Fleming.

*Town's Hospital Surgeon.*—Auchincloss; with 12 district surgeons, who attend the poor at their own homes.

## UNIVERSITY LYING-IN HOSPITAL, AND DISPENSARY FOR THE DISEASES OF WOMEN AND CHILDREN.

*Physician.*—Cumin.

Patients delivered, 84; out-patients, 160.

## MEDICAL SOCIETY.

*President.*—Dr. Buchanan. *Vice Presidents.*—Dr. Weir, Dr. Perry. *Treasurer.*—Dr. Cowan. *Secretary.*—Lawrie.

## ROYAL BOTANIC INSTITUTION.

*President.*—The Right Hon. Lord Douglas. *Vice President.*—The Very Rev. Principal Mr. M'Farlane. *Treasurer.*—James Christie, Esq. *Secretary.*—Laurence Hill, Esq. *Curator.*—Mr. Stewart Murray.

## COW POCK INSTITUTION.—1818.

*President.*—T. Marshall. *Secretary.*—A. Donaldson. *Treasurer.*—T. Inglis.

### FACULTY OF MEDICINE.

*President.*—W. Buchanan, Esq. *Secretary.*—Mr. W. E. C. Clarke. *Treasurer.*—Mr. J. Adam. *Librarian.*—Mr. Wm. Aitkin.

## Aberdeen.

### UNIVERSITY,—KING'S COLLEGE.—1494.

*Professor of Medicine.*—J. Bannerman.

### MARISCHAL COLLEGE.—1559.

*Medicine.*—C. Skene, and J. Macrobin. *Chemistry.*—T. Clark.

*Medical School.*—The winter session lasts from the beginning of November to the middle of April; the summer session from the beginning of May to the end of July.

Subjects and Lecturers.—*Anatomy. Physiology, and Practical Anatomy.*—Pirrie. *Botany.*—Knight. *Chemistry.*—Clark. *Materia Medica.*—Henderson. *Midwifery.*—Fraser. *Practice of Physic.*—Macrobin. *Surgery.*—Laing. *Theory of Medicine.*—Geddes.

### MEDICO-CHIRURGICAL SOCIETY.—1789.

*President.*—Dr. Jameson. *Secretary.*—D. Kerr, Esq. *Librarian and Curator of the Museum.*—A. Moir, Esq.

Meetings are held on the first Thursday of every month, at 7 P. M.

There is also a junior class of this Society, attended by students, which meets every Tuesday, (and every alternate Saturday during the summer,) at 6 P. M.

*Private Lecturers in Aberdeen.*—*Anatomy.*—A. Moir. *Botany.*—G. Dickie. *Anatomical Demonstrations*, (See Anatomy.)

*Materia Medica.*—Kilgour. *Midwifery.*—Robertson. *Surgery.*—G. Morgan.

THE ROYAL INFIRMARY, founded 1739, can accommodate upwards of 180 patients, who are under the care of Drs. Williamson, Laing, Murray, and Dill. *House Surgeon.*—A Cromar. In 1834, in-patients admitted, 1282; out-patients, 1076; annual expenditure, 1900*l.* Once a year Dr. Laing gives a three months' course of Clinical Medicine.

In 1833, the average number resident was nearly 120; the total treated, 1440 deaths, 87. Fifty-seven deaths occurred; in 652 cases of fever; one death in 21 capital operations.

### LUNATIC HOSPITAL.—1800.

*Physician.*—J. Macrobin. *Surgeon.*—J. Will.

Number of patients admitted since it was opened in 1800, 998; of whom have recovered 369. Dismissed, improved, 143. At desire of friends, unimproved, 181. Dead, 206. Remaining in the Hospital, 1st. May, 1836, 107.

## St. Andrew's.

### UNIVERSITY.

*Founded* 1412.

*Medicine.*—R. Briggs.

Dr. R. Briggs commences his course of lectures on the first Th. in Nov., and terminates on the last Fr. in April.

*Conjunct Examinators with the Professor of Medicine.*—J. A. Robertson, M. D., A. Lizars, Esq., J. Mackintosh, M. D., W. Gregory, M. D.

Any three, with the Professor of Medicine, form a quorum.

## GRADUATIONS AND SURGICAL EXAMINATIONS AT EDINBURGH.

On the 1st of August, 1837, the Senatus Academicus of the University of Edinburgh conferred the degree of Doctor of Medicine on the following gentlemen, in number one hundred and five, after having gone through the appointed examinations, and defended publicly their inaugural Dissertations:—

*Of Scotland.*

W. Brown, on Morphology
R. Butler, Apoplexy
J. Barlas, Artificial Pupil
G. Cossar, Inguinal Hernia
J. R. Cormack, Air in the Organs of Circulation
J. R. H. Comon, Nature, Symptoms, and Treatment of Bronchitis
T. Crawford, Paralysis
A. Duncan, Hernia
R. H. Davidson, Organs and Physiology of Digestion
H. Donaldson, Bronchitis
J. Edwards, Neuralgia
J. Fortune, Acute Hepatitis
G. Fraser, Aneurism
T. Gordon, Erysipelas
F. W. Grant, Nature, Diagnosis, and Treatment of Aneurism; with a few Remarks on the spontaneous Suppression of Hæmorrhage
A. Greig, Asphyxia
G. D. Gordon, Acute Dysentery
G. Hood, Aneurism, and its treatment

J. Johnston, Tongue, Pulse, and Urine, as indications of Health and disease
J. Jopp, Angina Pectoris
W. O. Mackenzie, Distinctive Characters, Classes, and Treatment of those Ulcers (including Hospital Gangrene) which have lately been prevalent in the British Army and Navy, on some Foreign Stations
J. Morison, Apoplexy
G. S. Newbigging, Effusion and Organisation of Coagulable Lymph
J. S. Reid, Variola
W. Scott, Observations on Pseudo-Inflammatory Affections
J. Spowart, Tetanus
T. Stratton, Chronic Rheumatism
W. Scott, Scarlatina
T. R. Scott, Wounds of the Thorax
H. H. Turnbull, Venous Inflammation
A. S. Thomson, Observations on the Influence of Climate on the Health and Mortality of the Inhabitants of the different Regions of the Globe
J. G. Wood, Under what circumstances is the Operation of Trepanning to be had recourse to?
J. W. Wallace, Hydrocele of the Tunica Vaginalis Testis
J. B. Wishart, Abortion

*From England.*

H. C. Barlow, Causes and Effects of Disease, considered in reference to the Moral Constitution of Man
W. H. Brownson, Nature and Treatment of Gunshot Wounds, and their consequences
J. H. Bennet, Physiology and Pathology of the Brain
G. S. Cardew, Puerperal Insanity
J. Cartmell, Pseudo-Pathological Appearances
F. Cooke, Pellagra
J. W. Curtis, Functions of the Cœcum
C. Chadwick, How far are Secretion and Nutrition dependent on Nervous Influence?
J. Grant, What are the relative advantages of different Trades and Professions, as regards their compatibility with Bodily Health?
W. T. Geary, Hydrated Peroxide of Iron as an Antidote to Arsenic
J. Houseman, Morbid Affections of Old Age
W. H. Hodgson, Apoplexy
H. Kinglake, Physiology of Digestion
G. Kennion, Sketch of some of the principal Diseases which are peculiar or incident to the Puerperal State
W. D. Kingdon, Scirrhus
P. G. Kennedy, Observations on the General Pathology of Diseases of the Eye, with Remarks on the Characters which are Diagnostic of the Idiopathic and Symptomatic Ophthalmia
S. D. Lees, Pathology of the Ear
T. H. Lowry, Tetanus
G. Lund, Use of the Thyroid and Thymus Glands, and of the Spleen and Suprarenal Capsules
G. A. Martin, Scorbutus
G. P. May, Croup
J. L. Marsden, Kenothumia, or Ennui
J. H. Pring, Chorea
W. Pringle, Phagedena Gangrænosa
A. Powell, Causes of Disease
E. C. Seton, Powers which move the Blood
M. Satterthwaite, Pathological Chemistry
W. Stanger, Cynanche Tra chealis
J. H. Shirreff, What advantage do we derive from Auscultation in detecting Pregnancy?
J. C. Sortain, Function of th Cœcum
T. H. Shute, Fever, being an inquiry into its intimate Nature and Causes
J. Satchull, Signs of Pregnancy
H. H. Stabb, Influenza
F. N. Slight, Injuries of the Head from External Violence

*From Ireland.*

T. H. Burgess, Paralysis
J. O. M. Barry, Endocarditis
P. J. Barry, Rheumatism
M. Cormack, Asthma
S. P. C. Evans, Equivocal Comparative, and Human Generation
J. W. Fullerton, Mortification
S. Hunter, a Practical Treatise on Ruptured Urethra produced by external violence,—illustrated by Cases
W. Hiliard, Some General Considerations on Phlebitis
E. Johnson, Anatomy of the Mammary Gland
H. Montgomery, Origin and Mode of Formation of Tubercle in the Lungs
M. K. Mahony, Some Observations on Aneurism and Diseases of the Heart; with Case
J. O'Brien, Hygiene of Infants
E. O'Neill, Vesicular Emphysema
J. P. Phipps, Cold Affusion in Croup
C. Ronayne, Cancer of the Uterus
W. A. Reeves, Delirium Tremens
R. Skerett, Malignant or Asiatic Cholera
G. Smith, Ascites
J. P. Sheenan, Pathology of Dropsy
W. Tatlock, Hydrocele
J. Waters, Hypertrophy of the Heart, and on that of the Left Ventricle in particular

## SURGEONS' HALL, EDINBURGH.

### *Gentlemen to whom the Royal College of Surgeons has granted Diplomas, Sept.* 1836-37.

*Scotland.*
. Palmer
. Mackie
V. H. Neil
. Fortune
V. Forsyth
. S. Kilgour
W. Traill
. M. Henderson
D. Coates
D. M'Lay
. S. Peddie
T. Ayson
W. Rodger
P. Miller
W. Jamieson
W. Scott
A. Douglas
D. M'Kenzie
A. Murray
. Davidson
. Stewart
G. Fraser
. Bryden
W. P. Banks
. Philp
T. Jameson
G. Davidson
R. T. Easton
T. Stratton
A. E. Emslie
J. Spowart
J. Mercer
A. A. Mackay
R. Jaap
G. M. Porteous
W. Bennett
B. M'Laren
J. W. Wallace
T. Johnston
F. W. Grant
W. A. Carlaw
W. Turnbull
E. Gibbons
A. Lowson
R. Little
G. F. Munro
B. Haldan
J. Robertson
R.A.W.M'Gregor
J. Sutherland
A. Lees
J. Cameron
W. Scott
J. Gemmell
T. Gordon
J. Horne
J. Middleton
J. Macintosh
J. Turnbull
S. Thomson
E. G. Irving
W. Arras
C. Richardson
H. H. Turnbull
C. R. Kinnear
G. M. Webster
A. Greig
R. H. Davidson
J. C. Orchard
H. B. Landers
J. S. Mackintosh
J. Richardson
J. Macleod
G. D. Gordon
J. Barlas
R. Bannatine.

*England.*
W. Newby
D. Wane
J. Grant
T. W. Nicholson
G. S. Cardew
N. Oliver
A. C. Webster
F. Cooke
J. Chadwick
W. D. Kingdon
J. C. Sortain
C. O. Baylis
R. C. Cream
E. C. Seaton
M. Satterthwaite
J. Houseman
R. M. Glover
G. B. C. Watson
J. L. Marsden

*Berwick on Tweed*
M. Park

*Ireland.*
J. Ryan
C. Grier
R. C. Ronayne
E. Finn
S. Donnelly
J. Maxwell
A. T. Gunning
T. C. Young
G. Quin
T. Rossiter
J. Waters
E. Johnson

*Abroad.*
R. S. Black
J. Allan
G. D. Gordon
W. Macnider
W. Robson
A. Hunter
H. G. Alleyne
J. D. V. Leigh
J.M.Montealegre
G. C. Wallich
L. M'Lean
J. J. Atkinson
A. R. Morton
W. H. Madden
J. H. Branfoot
A. C. Macnish
J. C. Orgill
C. Cogswell
A. S.Gregorowies
A. Lyszezynski

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# IRELAND.

## Dublin.

UNIVERSITY. — TRINITY COLLEGE.—*Incorporated*, 1591.—The University is governed by the Provost, and Seven Senior Fellows. There are three Terms; *Michaelmas*, Oct. 10—Dec. 30; *Hilary*, Jan. 10, to the Annunciation of the Virgin; *Trinity*, April 15—June 30. Medical Terms are kept by attendance on the Lectures.

*Bachelor in Medicine.*—Certificates must be produced of having attended, within the term of at least four years, the following courses:—1. Anatomy and Surgery, 6 months.—2. Chemistry, 6 months. —3. Botany, 3 months.—4. Institutes of Medicine, 6 months.—5. Materia Medica, 6 months.—6. Practice of Medicine, 6 months.—7. Midwifery, by the *Professor to the College of Physicians*, 6 months.—8. Clinical Lectures, 2 courses each, of 3 months.—9. One year's attendance at Sir Patrick Dun's Hospital. The candidate must also produce a certificate from the Regius Professor of Physic, of having passed an examination by the Professors of Physic, Anatomy, Botany, and Chemistry. The certificates are all submitted to a private board—the Provost and Senior Fellows, by whom a grace for a degree must first be granted. The candidate is then presented to the whole University at a public congregation; and if the placets be the majority, takes the oath prescribed. A *Doctor in Medicine* must be M.B. of five years, or a M.A. of seven years' standing. The exercises are one opponency, and one thesis in Latin, which must be printed by the candidate. Fees—Medecinæ Baccal., 11*l*. 15*s*.; Medecinæ Doctor, 22*l*.

*Professors.—Regius Professors of Physic*, (founded 1637,) W. Stokes, M.D., 1831; *Professor of Anatomy and Surgery*, (1785,) Harrison; *Chemistry*, (1783,) F. Barker, M.D., 1808; *Botany*, (1809,) W. Allman, M.D., 1809.

Degrees conferred, 1836.—*Bachelors of Medicine.*—February 16.—Battersby, F.; Sweeney, D. July 5.—Blackall, J. J.; Callaghan, D.; Duncan, N. B.; Eades, R.; Gilgeons, W. B.; Limerick, W.; Poole, W. C.; Radford, W. T.; Roche, B.; Shannon, J.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.—On the 18th day of every month, or should that day be a Sunday, then on the ensuing Monday, the President of the King and Queen's College of Physicians in Ireland holds, at the College Hall, Grand Canal-street, an assembly of the Fellows and Licentiates of the College, and of visitors who may be invited, at 8 in the evening, terminating at 10, for the purpose of scientific discussions, and for receiving communications on medical subjects.

THE ROYAL COLLEGE OF SURGEONS IN IRELAND.—Was founded by Royal Charter in 1784; since which period, various sums have been voted by Parliament for the erection of the necessary buildings, and the establishment of a school of Anatomy and Surgery, amounting altogether to 35000*l.*

The Winter Session commences on the 27th of October, and terminates on the 30th of April, during which period the following Courses of Lectures are delivered:—

Twelve Public Lectures on *Comparative Anatomy*, by one of the Professors of Anatomy and Physiology. *Anatomy and Physiology*, Professors Jacob, Harrison. *Theory and Practice of Surgery*, Wilmot, Dr. Porter. *Chemistry*, Apjohn. *Medicine*, Benson, Evanson. *Materia Medica*, Williams. *Midwifery*, Maunsell. *Medical Jurisprudence*, Geoghegan.

To qualify for a diploma each pupil must be bound apprentice to a Member or Licentiate of the College; he then pays a fee of 10g., and the Member also pays 10g. Licentiates upon becoming members, and thus acquiring corporate rights, pay 30g. The fees in ten years, 1823-32. paid for registry of pupils were 11400*l.*, for diplomas, 7500*l.*; for licentiates on being elected members, 1150*l.* Total, 20050*l.*—(*Parl. Return*, 1833.)

SIR PATRICK DUN'S HOSPITAL.—Sir Patrick Dun's Hospital, which is under a Board of Governors, consisting of the Visitors, President, and Censors of the College of Physicians, the Provost of Trinity College, and of twelve persons annually elected, contains 80 beds exclusively devoted to medical cases.

1826-33. In-patients, 11064; average number of residents, 90·3; Deaths, 934. Duration of treatment, 24 days. Deaths, per cent, 8·4; in 36·5 days, 12·94.

SCHOOL OF PHYSIC.—No prospectus forwarded.

RICHMOND HOSPITAL SCHOOL OF MEDICINE.—North Brunswick-street.—*Anatomy, Physiology, Pathology.*—Flood, Power, Mayne, Smith. *Surgery.*—Adams, Hutton, Flood, Smith. *Chemistry.*—Barker. *Medicine.*—Greene. *Medical Jurisprudence.*—Nunn. *Midwifery.*—Churchill. *Materia Medica.*—Cullen. *Demonstrations.*—Mayne.

*Surgeons to the Richmond Hospital.*—Peile, Carmichael, Hutton, O'Beirne, Adams, Macdonnell.

Terms for attendance, 7g. for six winter months; 5g. for six summer months.

SCHOOL OF ANATOMY, SURGERY, AND MEDICINE.—15, Digges-street.—*Anatomy, Physiology, Pathology.*—W. Hargrave. *Surgery.*—W. Auchinleck, W. Hargrave. *Medicine.*—J. Corrigan. *Chemistry.*—P. Hunt. *Midwifery.*—R. L. Nixon. *Botany and Zoology.*—I. Aldridge. *Medical Jurisprudence.*—C. O'Reilly. *Anatomical Demonstrations.*—W. Jameson, P. Beven.

JERVIS-STREET HOSPITAL.—Fee:—For one year, 3g.; for six months, 2g.

SCHOOL OF ANATOMY, MEDICINE, AND SURGERY.—Park-street.—The Winter Courses of Lectures commence October 31st, at three o'clock, and terminate the last week of April.

No prospectus forwarded.

Fee to each Course, 2g.; Anatomical Demonstrations, 4g.

LYING-IN HOSPITAL.—The Hospital contains 140 beds, and about 2500 patients are annually admitted.

External pupils, six months, 10g.

MERCER'S HOSPITAL, William-street.
*Physicians.*—C. Lendrick, J. Osborne.
*Surgeons.*—F. L'Estrange, A. Read, W. Auchinleck, W. Daniell, A. Palmer, W. Tagert.

SCHOOL OF ANATOMY, MEDICINE, AND SURGERY, 27, Peter-street.

No prospectus forwarded.

ORIGINAL PETER-ST. SCHOOL.—*Anatomy and Physiology.*—Hayden, Evers. *Surgery.*—Tagert, Hayden. *Midwifery.*—Ireland. *Materia Medica.*—Bellingham. *Natural History and Botany.*—Mitchell. *Medical Jurisprudence.*—Brady. *Demonstrations.*—Evans, Corbet.

ST. VINCENT'S HOSPITAL, Stephen's Green, Dublin. *Medical Officers.*—J. M. Ferrall, O. B. Bellingham, H. Marsh, Philip Crampton.

# APOTHECARIES' HALL.

[This List was not obtained in time for insertion in the proper place.]

Gentlemen to whom the Court of Examiners granted Certificates, Oct. 1, 1836, to Aug. 1, 1837.

* Names marked with an asterisk were omitted in the Almanack for 1837.

(Continued from Almanack, 1837.)

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### A.

Acton, J. Bromley, March 16; Adams, G. F. Colnbrook, Bucks., Dec. 22; Ainley, W. A. Delph, Saddleworth, Jan. 26; Allatt, R. Brelton, Oct. 27; Allanson, J. Bury, Lancashire, June 8; Allday, F. Birmingham, Oct. 8; Alderson, R. R. Everingham, Yorkshire, Oct. 13; Allison, A. Kilham, Yorkshire, April 20; Anwyl, R. Bala, North Wales, April 6; Anthony, G. Nov. 10; Antrobus, D. Betley, Staffordshire, Nov. 3; Archer, G. S. July 20; Arkwright, J. Clitheroe, April 6; Ashcombe, W. Winchester, Feb. 23; Ashley, A. H. Bristol, Jan. 19; Ashton, T. M. Ormskirk, Lancashire, May 25; Atkinson, W. Leeds, Nov. 3; Atkinson, T. P. Kilham, Dec. 1.

### B.

Babington, C. M. S. April 20; Baker, A. Birmingham, Feb. 9; Baker, J. Birmingham, April 6; Bampton, G.E. L. Plymouth, July 27; Barrett, T. Bath, Mar. 30; Barker, T. H. York, Nov. 3; Barker, J. Coleshill, Warwickshire, April 20; Barker, W. F. Northwich, Cheshire, June 1; Barker, T. H. Redbourne, Hertfordshire. July 13: Bartlett, M. C. April 6; Barton, M. S. Market Raison, Lincolnshire, Nov. 17; Baxter, J. B. Sunderland, Durham, June 29; Bell, J. H. New-cut, Bristol, Nov. 10; Bell, J. March 23: Bellard, H. A. Hull, Oct. 6; Bellyse, R. B. Audlem, Cheshire, Feb. 9; Benson, T. Roscommon, July 27; Best, W. J. Thetford, Norfolk, Oct. 29: Bidwell, H. Albrighton, Shropshire, July 6; Birt, H. Storrington, Sussex, Oct. 13; Birtwhistle, W. Skipton-on-Craven, Jan. 19; Blakely, W. Rington, Herefordshire, Nov. 10; Blanchard, T. Sunderland, Feb. 16; Bliss, W. Oxford, June 1; Blundell, A. Botley, July 27; Bond, J. Warwickshire, Dec. 15; Booth, R. Accrington, Lancashire, Oct. 6; Booth, T. Bradford, Yorkshire, Oct. 13; Booth, F. Nafferton, Yorkshire, Jan. 5; Bower, A. Billericay, Essex, July 13; Bowhill, J. Edinburgh, April 6; Boyrenson, T. A. Oct. 27; Brattle, W. Sulhamstead, Berkshire, May 4; Bratton, J. Shrewsbury, Dec. 8; Bray, F. R. Marlow, March 16; Brightman, T. Spalding, Dec. 22; Broadbent, E. F. April 6; Broadhurst, F. Belvedere-house, Bath, Oct. 6; Brooke, H. Barnstaple, March 23; Brown, J. H. Castle-house, Leicester, May 18; * Bruorton, C. Salisbury, Wiltshire, Sept. 29; Brydges, B. K. June 15; * Bunn, H. Birmingham, Aug. 4; Bunce, J. S. Bridgewater, Feb. 23; Burman, T. S. Stratford-on-Avon, Oct. 13; Burton, H. R. Market Harborough, Leicestershire, Oct. 20; Bush, T. G. Bradford, Wiltshire, June 29; Bush, W. Beach Bitton, Gloucestershire, July 6; Butt, T. F. Birmingham, March 23.

### C.

Callan, J. Liverpool, June 22; Campbell, R. L. Feb. 23; Capes, G. A. H. Castle Hedingham, Nov. 17; Carr, W. Leeds, July 20; Carrington, B. Walton-on-Naze, Essex, Feb. 2; Carley, R. R. Laxfield, Suffolk, June 15; Carpenter, G. Chippenham, Wiltshire, Nov. 17: Carpenter, W. G. Malta, April 27; Cartwright, J. Oct. 20; Chabot, E. Lambeth, Feb. 9; Challice, J. Dec. 1; Charlton, J. S. Rochester, Feb. 23; Cheesewright, W. Bristol, Feb. 9; Churchill, H. Deddington, Oxfordsh., Jan. 26; Churchill, A. H. Oswestry, Salop, June 15; Churton, H. Whitchurch, Salop, June 22; Clarke, J. F. Lambeth, July 27; Clarkson, T. Stanworth, Lancashire, June 1; Clayton, O. M. P. July 6; Cleaver, H. A. Camberwell, May 4; Clegg, W. Hull, Yorkshire, July 6; Clouting, J. R. Eye, Suffolk, May 4; Coates, M. G. W. Salisbury, Dec. 15; Cockcroft, W. Middleham, Yorkshire, May 18; Cocke, A. June 22; Cooke, R. E. Southwell, March 2; Cooke, W. Boston, Lincolnshire, May 18; Cooke, M. Langley, Barnstaple, June 8; Coley, T. Alfriston, Nov. 24; Cooper, A. April 20; Cooper, G. Lympstone, March 23; Corbin, M. A. B. Guernsey, Oct. 13; Corless, W. Preston, Jan. 12; Cornwall, J. M. Tunbridge Wells, July 13; Cowdell, C. Hinckley, Leicestershire, July 13; Cowdry, T. Bathcaston, Oct. 27; Cowherd, J. Kendal, Westmorland, Oct. 1; Cox, F. Barham, Kent, July 13; Crawford, H. Faversham, May 18; Cree, E. H. Bridport, Nov. 17; Cross, W. Clifton, Bristol, March 2; Crosswell, C. L. Newport, Pembrokesh., Jan. 12; Cullen, W. H Dec. 15.

### D.

Daly, J. April 13; Dangerfield, G. N. Churcham, Gloucestershire, October 8;

Daniell, F. Liskeard, Cornwall, June 15; Davies, T. Hookwood, Surrey, Nov. 17; Davis, H. Pendock, Worcestershire, Oct. 6; Deakins, W. Leicester, Nov. 3; Denne, W. Canterbury, Kent, Feb. 2; Dennis, A. V. Wells, Norfolk, Nov. 3; Des, F. E. Hull, Oct. 6; Dickinson, J. Thunderbridge, Sept. 29; Dolman, J T. York, Oct. 13; Dolman, J. J. Melbourne, Derbyshire, June 29; Dommett, E. Frome, Somersetshire, Jan. 5; Drew, J. Cambridge, Nov. 3; Druitt, R. Oct. 20.

### E.

Edwards, W. H. Peterborough, Jan. 5; Edwards, T. Llansaintffraid, Montgomeryshire, Jan. 19; Ellis, W. Rawmarsh, Rotherham, Dec. 8; Ellis, P. S. Crowle, Lincolnshire, April 20; Ellis, S. Birmingham, July 20; Elliston, W. Ipswich, Suffolk, Nov. 10; Elkington, J. Birmingham, Jan. 5; English, C. R. Bath, Dec. 1; Evans, G. E. late of Tiverton, Feb. 16; *Eveleigh, G. Sept. 29; Everett, W. G. Devizes, Wiltshire, Nov. 3; Eykyn, E. H. Ackleton, Shropshire, Nov. 10.

### F.

Fagg, E. Cheltenham, February 23; Faircloth, J. M. C. St. Stephen's, Oct. 6; Falconer, G. A. July 20; Farrow, S. Loughborough, Leicestershire, November 3; Faulkner, J. L. Leeds, Yorkshire, Oct. 27; Fereday, S. D. Gornal, Staffordshire, Oct. 13; Field, W. Tong, Oct. 17; Field, J. W. Nov. 10; Field, O. A. Seven Oaks, Kent, March 23; Fletcher, J. Arundel, Sussex, Oct. 27; Fletcher, J. Oldham, March 9; Flower, F. Overton, June 8; Ford, J. H. Rayleigh, Essex, Oct. 8; Foot, E. Salisbury, Wiltshire, Oct. 20; France, A. Honley, Yorkshire, Oct. 13; Franklin, A. W. Wincanton, Somersetshire, Feb. 16; Friend, J. Rainham, Kent, June 15; Frost, C. M. Dec. 15.

### G.

Gale, W. Feb. 2; Gaskell, W. B. Liverpool, July 27; George, J. D. Romsey, Hampshire, July 20; Gibson, J. H. Hull, Nov. 3; Gill, E. Skipton-in-Craven, Yorkshire, May 18; Gilchrist, C. B. Sunbury, Middlesex, Feb. 16; Gilby, J. Alford, Lincolnshire, Feb. 9; Goodwin, J. H. Macclesfield, April 27; Gorham, R. V. Hollesley, Suffolk, Nov. 3; Greaves, A. G. Derby, May 11; Gregg, R. F. Kirkby Lonsdale, Westmoreland, Jan. 19; Grimbley, R. Banbury, Oxfordshire, Oct. 20; Grubb, R. W. May 4.

### H.

Hall, I. P. Dudley, March 16; Halliday, E. T. Warminster, Wiltshire, Oct. 20; Hamilton, C. T. April 13; Harbord, H. G. Kingston-upon-Hull, Feb. 23; Harmar, J. Birmingham, June 29; Harmer, A. Ipswich, Suffolk, March 2; Harris, M. Hackney, Dec. 22; Harrison, C. H. R. May 25; Harsant, M. Earl-Soham, Suffolk, Jan. 5; Harvey, J. Penzance, April 13; Harper, R. June 22; Hatton, J. Manchester, Nov. 10; Haviland, E. S. Burwash, Dec. 29; Haward, E. Halesworth, Suffolk, Jan. 26; Hawkesworth, C. A. Barton, Staffordshire, April 13; Hawthorn, F. Uttoxeter, Oct. 6; Hay, W. High Wycombe, Buckinghamshire, June 15; Hayland, T. Metheringham, April 6; Hayton, T. B. Milnthorpe, May 11; Heaton, C. Endon, near Leek, June 29; Heward, T. S. Clare, Suffolk, April 20; Hewett, J. D. Hilton, Hampshire, July 6; Hey, S. Leeds, March 30; Hill, S. Southwark, Nov. 24; Hillyard, W. Warwickshire, July 13; Hiron, W. Camden, Gloucestershire, June 1; Hirst, J. G. Leeds, Yorkshire, Oct. 20; Hogg, J. R. Brighton, Nov. 3; Hogg, H. L. Bath, March 23; Holland, E. W. Emsworth, Hampshire, Feb. 16; Holland, J. Yewsley, Uxbridge, May 18; Hopton, G. O. Durham, Jan. 5; Horseman, T. E. Middle, Salop, Dec. 22; Hovell, T. M. Feb. 9; Howard, W. W. Glossop, March 9; Hudson, P. Warham, Norfolk, Feb. 2; Hudson, G. Oldham, March 16; Hugo, W. H. Crediton, Jan. 12; Hullock, J. Stockport, Oct. 29; Humphreys, T. B. April 13; Husband, W. D. York, Feb. 9.

### I.

Ibbotson, J. J. Nafferton, Dec. 1; Ilott, J. W. Bromley, Kent, Oct. 27; Isaacson, W. Mildenhall, Suffolk, June 1; Isbell, W. J. Plymouth, June 15.

### J.

Jackson, W. K. Denby, Yorkshire, Oct. 13; Jackson, T. R. Congleton, Oct. 27; Jay, R. G. Badley, Suffolk, Feb. 16; Jeans, J. W. Grantham, Lincolnshire, Nov. 10; Jenner, W. Rochester, July 6; Jenings, H. Fountain-Hill, Ireland, May 25; Jenkins, C. F. Thames-Ditton, Oct. 1; Jepson, E. C. Gainsborough, Lincolnshire, Dec. 22; Jewison, C. Rothwell, Yorkshire, Dec. 22; Johnson, T. Manchester, Feb. 9; Johnson, J. S. Peterborough, Oct. 6; Johnson, H. St. Helen's, Lancashire, Jan. 19; Johnston, W. W. April 20; Jones, J. Gravesend, Kent, Feb. 2; Jones, G. Birmingham, Feb. 16; Jones, W. G. Swansea, April 6; Jones, T. L. Llanrwst, Denbighshire, May 25; Jones, E. Dawlish, Devon, June 15; Jones, T. Cwm Neath, Glamorganshire, Nov. 3; Jones, C. Nov. 24; Jones, A.

O'Brien, Bromley, Kent, Dec. 22; Jones, R. Llanfyllin, Dec. 29; Jump, C. J. Wisbeach, Feb. 9.

K.

Kendrick, J. Warrington, Lancashire, Jan. 26; Kent, J. C. March 9; Kesteven, W. Bedford, June 8; Kidgell, G. Wellington, Somerset, Oct. 6; Kimnell, J. Leamington Spa, Nov. 17; Kinneir, R. Crichlade, Oct. 27; Knevitt, C. Isleworth, Oct. 27; Knowles, E. Yalden, Surrey, March 30.

L.

Landor, H. Poynton, Cheshire, June 8; Langley, P. Checkley, Staffordshire; Jan. 5; Langmore, W. B. May 11; Lankester, E. Woodbridge, Suffolk, May 4; Lascelles, R. M. Stillington, Yorksh., Oct. 29; Lawton, J. Delph, Saddleworth, May 25; Laxton, H. Bristol, Feb. 9; Lay, J. J. Prasenhall, Suffolk, Oct. 27; Lees, S. Ashton-under-Lyne, Oct. 6; Lees, W. Manchester, April 27; Lingwood, B. N. Cheltenham, March 16; Lister, J. Doncaster, Dec. 29; Livett, H. W. Trowbridge, Wiltshire, May 11; Loch, W. J. Newcastle-on-Tyne, Dec. 22; Lovett, S. June 29; Loxley, W. H. Evesham, Worcestershire, May 11; Lupton, S. Thame, Oxfordshire, Oct. 20; Lynch, J. R. York, April 6.

M.

Maberly, S. Farnham, Nov. 3; Macann, A. B. Jan. 12; Machill, J. Rastrick, Yorks., Mar. 16; Maitland, T. Tiverton, Devon, Oct. 20; Mallett, J. J. July 27; Malthouse, J. Harrogate, Jan. 12; Mann, C. P. Colchester, June 29; Manlove, J. Nottingham, March 2; Manthorp, W. Thorp-le-Soken, Essex, May 11; Marston, J. Dec. 8; Martin, J. Boyle, April 6; Matterson, W. York, March 9; Maxon, R. W. Shrewsbury, Jan. 26; Meadows, G. F. Woodbridge, Suffolk, Oct. 6; Meates, W. C. Feb. 2; Meeson, H. A. Grays, Essex, July 20; Mercer, T. B. Deal, Kent, Nov. 24; Merry, R. Hemel Hempstead, April 20; Miller, C. M. March 23; Minter, J. M. Holland, Jan. 19; Moody, T. N. Woolwich, Feb. 16; Moore, W. H. Woodbridge, Suffolk, Nov. 3; Morgan, J. Bath, Feb. 16; *Moorhouse, M. Holmfirth, Yorkshire, Sept. 29; Morris, J. Shucknall, Herefordshire, Nov. 24; Morrish, J. Plymouth, June 22; Morley, J. Barton-upon-Humber, Nov. 3; Mousley, T. Ellesmere, Salop, March 9; Murcott, I. B. Nov. 17.

N.

Napper, T. Leigh, Sussex, July 12; Nathan, C. May 11; Naylor, G. F. Batley Car, Yorkshire, Dec. 22; Neales, J. Sandwich, Jan. 12; Newall, J. E. Aberystwyth, Feb. 9; Newington, J. H. Nov. 24; Nicholson, J. L. Manchester, July 20; Nolan, J. M. Dec. 15; Nottage, J. B. Lancaster, Oct. 1; Nunn, A. J. Wiltshire, March 30.

O.

Oates, T. V. Falmouth, March 23; Ollive, J. R. Barnstaple, March 30; Osborn, S. Oct. 27; Overton, M. York, June 29.

P.

Paley, W. Easingwold, June 29; Palmer, F. Burgh Castle, Suffolk, April 20; Palmer, H. P. Winterbourne, Bristol, Oct. 1; Parker, W. St. Heliers, Jersey, June 8; Parker, J. Towcester, Dec. 8; Parkerson, J. East Dereham, Feb. 9; Parkes, W. B. Birmingham, Jan. 19; Parkinson, W. Hollin Grove, Burnley, Jan. 5; Patterson, J. H. Portsmouth, Oct. 27; Paul, A. Winchester, Hants, Oct. 27; Paull, A. Truro, Cornwall, Oct. 20; Payne, T. H. Frome, Somerset, April 20; Payne, J. P. Loxley, Yorkshire, Jan. 12; Paynter, J. Pembroke, Oct. 8; Peacock, W. H. Sinnington, Yorkshire, Nov. 3; Pearce, F. Camelford, Cornwall, April 13; Pearse, W. D. Launceston, Cornwall, Oct. 20; Pearse, J. Tavistock, Dec. 8.; Pechey, J. Isleham, Cambridgeshire, Oct. 20; Perry, G. J. Henbury, near Bristol, May 11; Perry, J. H. May 4; Perry, G. M. May 4; Phillips, R. Haverfordwest, Dec. 29; Pilling, W. Manchester, Feb. 23; Pinching, C. J. Gravesend, April 20; Pittock, F. W. Eltham, Kent, June 15; Pitts, J. J. Southwark, Dec. 8; Plummer, J. Dec. 23; Pomfret, H. L. Manchester, Feb. 9; Potter, C. Chipping Ongar, June 29; Prince, G. K. Jamaica, Feb. 9; Probert, J. Lydbrook, Gloucestershire, Feb. 16; Purdy, W. Martham, Norfolk, June 29.

Q.

Quick, J. R. St. Mawes, Cornwall, Oct. 29; Quinton, W. Wolverhampton, March 30.

R.

Raven, P. Leteham, March 2; Rawlins, H. A. Lincoln, June 29; Ray, C. Oct. 13; Reece, H. Surrey, May 25; Reed, W. Whitewell, York, April 20; Reid, J. S. March 30; Rendall, C. Merriott, Somerset, July 27; Renton, J. C. F. May 18; Rigden, G. Jan. 5; Roberts, J. Dec. 15; Robinson, J. W. Littlebury, Essex, March 30; Roper, G. S. Mappercombe, Dorset, Oct. 20; Rowland, W.

Anglesey, Feb. 23; Rundle, N. Callington, Cornwall, Nov. 17; Russ, E. Castle Cary, Somerset, June 1.

S.

Salmon, W. G. Thornbury, Gloucestershire, May 25; Sargeant, J. P. Leicester, Oct. 20; Sargeant, D. W. Launceston, Cornwall, Dec. 22; Sargeant, W. K. Liskeard, Cornwall, June 8; Scale, J. D. Cardiff, Glamorganshire, Nov. 3; Scholfield, E. Ashton-under-Lyne, July 6; Scoffern, J. Launceston, Cornwall, June 1; Seagrave, W. April 6; Senior, C. Huddersfield, March 23; Shaw, T. Kirkham, Lancashire, April 20; Shurlock, M. Guildford, Oct. 29; Shuter, R. V. Lee House, Kent, May 25; Silverston, J. Birmingham, May 4; Skeel, T. March 2; Skilbeck, W. Astley, Yorkshire, Dec. 22; Slight, A. Portsmouth, Oct. 27; Smith, T. MacKenzie, Bideford, Devon, Oct. 1; Smith, G. A. Oct. 20; Smith, E. York, March 30; Smith, J. Whitehaven, May 25; Smith, W. Manchester, July 6; Smith, J. Nottingham, July 27; Smyth, T. P. Ramsey, Huntingdon, Dec. 15; Snowden, H. Kingston-upon-Hull, May 25; Southam, G. Manchester, Dec. 22; Sparrow, J. W. Plymouth, Devon, April 13; Staley, S. Stroudwater, April 20; Stapleton, J. W. Trowbridge, Wilts, July 6; Stephens, J. Manchester, Feb. 9; Stevens, C. Oxford, Dec. 15; Stevens, J. B. Exeter, March 30; Stewart, G. A. Aug. 4; Stocks, T. Huttoft, Lincolnshire, Oct. 27; Stone, R. N. Bath, Dec. 1; Stone, W. G. Wentworth, Yorkshire, Jan. 19; Strowger, S. B. Harleston, Norfolk, May 18; Studd, C. April 20; Stutter, W. G. Bury St. Edmunds, Jan. 26; Sugden, E. Skipton, Jan. 12; Sutton, J. Yoxall, near Lichfield, Staffordshire, Feb. 2; Swallow, W. H. Halifax, Yorkshire, Dec. 15.

T.

Tamplin, R. W. March 30; Tarrant, T. P. April 20; Tatem, J. G. High Wycombe, Bucks, Feb. 16; Tayler, C. Coulston, Wilts, June 15; Taylor, A. J. Morpeth, Northumberland, Oct. 1; Taylor, J. York, April 20; Thomas, J. Newcastle, Emlyn, June 1; Thomas, D. J. Llangadock, July 6; Thompson, J. Dalton, Yorkshire, Oct. 8; Thompson, J. Middleham, Dec. 15; Thompson, F. F. Worcester, April 6; Thomson, C. Exeter, June 22; Tillett, J. W. Colchester, Oct. 13; Townsend, H. M. Bromley, June 22; Troutbeck, J. Congleton, Dec. 8; Truran, T. Exeter, Oct. 1; Turner, J. Senior, Gleadthorpe Grainge, Nottinghamshire, Nov. 10; Turner, G. Yarmouth, Dec. 1; Turner, J. Swansea, July 6; Tweddell, G. Bishop Auckland, Nov. 10.

U.

Unwin, D. Coggeshall, Essex, July 20.

V.

Vallack, A. Kingsand, Plymouth, Oct. 13; Varicas, R. A. June 1; Veal, W. March 9; Vores, W. Northampton, Jan. 19; Vorley, E. Carlton, Bedfordshire, Oct. 29.

W.

Waddell, C. Colchester, Dec. 1; Wakefield, R. March 30; Walker, W. H. July 20; Wall, A. B. May 4; Walsh, P. March 2; Walter, F. Oct. 20; Walters, E. S. Cheadle, Nov. 3; Ward, B. Leeds, Nov. 24; Ward, J. Kilpin Pyke, Yorkshire, July 27; Warner, F. Botley, Southampton, July 27; Watt, J. D. Nov. 3; Weathers, G. Surrey, May 25; Webb, T. F. Wellington, Salop, Dec. 23; Weddell, W. Easingwold, Yorkshire, April 27; Weeks, H. Barnstaple, Devon, Oct. 13; Welch, J. Holbeach, June 15; Wells, J. R. Jan. 12; Welsby, J. Prescott, Lancashire, Dec. 15; Welsh, T. I. Wells, Somerset, July 6; *Weston, P. K. Aug. 4; Whitaker, T. H. Bingley, Yorkshire, June 29; Whitchurch, N. Melton Mowbray, Jan. 5; White, J. L. Stoke Golding, Leicester, Oct. 8; *Whitfield, W. B. Aug. 25; Whittingham, G. Oct. 6; Whitworth, E. F. Caistor, Lincoln, May 11; Wiblin, J. Bath, May 11; Wigg, W. S. Norfolk, March 30; Wilding, J. P. Wallybourne, Salop, Jan. 5; Williams, W. W. Dursley, Gloucestershire, Oct. 6; Williams, J. P. T. St. Cross, March 30; Williams, A. J. Bala, Merionethshire, June 1; Willson, G. Jan. 19; Wilson, G. Leeds, Oct. 20; Wilson, J. Charmouth, Dorset, March 16; Wilson, E. J. Leeds, June 1; Winchester, W. H. B. Devonport, July 20; Wood, J. A. Uttoxeter, Oct. 13; World, R. R. April 6; Wright, T. Wolverhampton, Oct. 1; Wright, A. Birmingham, Oct. 1; Wright, J. L. Feb. 9.

R. B. UPTON,
CLERK.

APOTHECARIES' HALL,
*Aug.* 1, 1837.

# SUPPLEMENT.

## CLIMATE OF MADEIRA.

By J. A. Mason, M. D.

[The following tables present a few of the results of Dr. Mason's observations in Madeira. They are from an elaborate memoir upon the meteorology of that island, to form part of a separate work preparing for the press by Mr. Blewitt. As some delay is likely to occur in the appearance of Mr. Blewitt's publication, the Editor of the Almanack, in whose hands Dr. Mason's papers were left, takes this opportunity of submitting some of the interesting facts they contain to the medical public.]

Madeira is a place of considerable resort to consumptive patients; it possesses many of the characteristic peculiarities of a tropical island, without being baneful or fatal to health, like the West Indies. The mean temperature of the year is higher than the temperature of summer in England, while the temperature of the seasons is equable, and only oscillates from 59°·5 to 69°·3, or, according to other observations, from 62°·5 to 73°·2 of Fahrenheit.

Every precaution was taken to render the results accurate, and to avoid any disturbance from the interference of local circumstances. These are fully detailed in the memoir. The observations were commenced March 1st, 1834, and ended February 28th, 1835. They were made at Sta. Luzia Cottage, near Funchal, half a mile from the sea. The *Register Thermometer for the external temperature* in the shade was placed in the garden, free from currents of air and radiant light. The intensity of the sun's rays was ascertained by placing a thermometer of large range, having its bulb covered with black wool, on the mould in the garden, with a full exposure to the sun, from 9 A. M. to 5 P. M. The bulb with the wool intervening was about an inch from the ground. This thermometer also furnished the few observations on radiation. The *hygrometer* (described by Dr. Mason in the Almanack for 1837) was situated in a room to the west, between two windows constantly open, from 6 A. M. to 6 P. M., free from currents of air and humidity. A register spirit thermometer, the bulb covered with black wool, placed on a stool six inches from the ground in the garden, served to determine the maximum intensity of terrestrial radiation.

## TABLE,

*Showing the dryness for the seasons, and for the whole year, calculated from Dr. Heineken's Observations in Funchal, Madeira, (one observation a day, at* 10 A. M.,*) compared with Mr. Daniel's observations on the climate of London.*

| | 1826. | Winter. | Spring. | Summer | Autumn | Year. |
|---|---|---|---|---|---|---|
| Mean temperature in the shade. | Madeira | 62°·5 | 65°·3 | 73°·2 | 71°·5 | 68°·1 |
| | London | 37°·7 | 49°·2 | 60°·4 | 49°·8 | 49°·2 |
| Mean dew point. | Madeira | 54°·1 | 55°·0 | 66°·6 | 67°·0 | 60°·7 |
| | London | 35°·6 | 42°·8 | 53°·5 | 45°·8 | 44°·4 |
| Mean degree of dryness on the thermometric scale. | Madeira | 8°·4 | 10°·3 | 6°·5 | 4°·4 | 7°·4 |
| | London | 2°·1 | 6°·4 | 6°·9 | 4°·0 | 4°·8 |
| Grains of vapour in a cubic foot of the atmosphere. | Madeira | 5·11 | 5·23 | 7·49 | 7·60 | 6·36 |
| | London | 2·94 | 3·58 | 5·03 | 3·98 | 3·88 |
| Additional quantity required for saturation in grains. | Madeira | 1·47 | 2·07 | 1·76 | 1·19 | 1·62 |
| | London | 0·10 | 1·90 | 1·27 | 0·64 | 0·98 |

This brings the most striking differences between the climates of London and Madeira under the eye. Before passing to Dr. Mason's remarks on this subject, it will be well to examine the annexed tables, and to compare them with the observations made at Chiswick.

### REMEDIAL INFLUENCE OF MADEIRA.

Dr. Clark, in his work on Climate,* cites a statement of Dr. Renton, showing that of 47 cases of *confirmed* phthisis, 32 died within six months of their arrival in Madeira; but that of 35 cases of *incipient* phthisis, 26 left much improved. "While, therefore," remarks Dr. Clark, "the result of sending *confirmed* cases of consumption to Madeira shows the inutility of such a measure, to say the least of it, the effects of the climate on incipient cases, and those threatened with the disease from hereditary or acquired disposition, are highly encouraging, and should lead medical men to recommend such a measure at the only time when it promises benefit. . . . Invalids intending to pass the winter in Madeira should leave this country in the end of September, or the beginning of October."

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* Second Edition, pp. 185—204. This valuable work is now out of print; but a third edition, containing the latest results of Dr. Clark's experience, is preparing for the press. Dr. Clark's opinion of the remedial effects of the climate is, we understand, unchanged.

## TABLE.—External Temperature.

*Showing the mean, mean maximum and mean minimum Temperature for each Month: the mean and extrem monthly range of Temperature: the mean maximum power of Solar Radiation: the utmost intensity of its ray with the extreme Solar Range deduced from the highest and lowest maximum power of the Sun: along with t mean and maximum power of Terrestrial Radiation, at Sta. Luzia, Funchal, Madeira.*

| 1834 and 1835. | Mean. | Mean Maximum. | Mean Minimum. | Mean Monthly range. | Maximum. | Minimum. | Extreme Range. | Mean Maximum power of Solar Radiation. | Mean power of the Sun above the Shade. | Maximum power of Solar Radiation. | Maximum intensity of the Sun's ray above Shade. | Least Maximum power of Solar Radiation. | Range between highest Maxim. and lowest Minim | Mean Terrestrial Radiation. | Maximum Terrestrial |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| January ... | 60°·24 | 63°·23 | 57°·26 | 5°·97 | 65° | 55° | 10° | 85°·74 | 22°·51 | 120° | 55° | 62° | 58° | | |
| February .. | 61·12 | 64·75 | 57·50 | 7·25 | 69 | 55 | 14 | 99·25 | 34·50 | 120 | 51 | 75 | 45 | | |
| March .... | 63·43 | 68·39 | 58·48 | 9·81 | 71 | 53·5 | 17·5 | 116·88 | 48·49 | 142 | 71 | 80 | 62 | | |
| April....... | 65·39 | 70·46 | 60·33 | 10·13 | 75 | 58 | 17 | 120·66 | 50·20 | 162 | 87 | 88 | 74 | | |
| May ...... | 67·97 | 72·60 | 63·35 | 9·25 | 77.5 | 61 | 16·5 | 125·77 | 53·17 | 170 | 92·5 | 74 | 96 | | |
| June...... | 69·44 | 73·16 | 65·73 | 7·43 | 80 | 63 | 17 | 125·24 | 52·08 | 170 | 90 | 78 | 92 | | |
| July ...... | 71·68 | 75·06 | 68·29 | 6·77 | 80 | 66 | 14 | 130·51 | 55·45 | 152 | 72 | 86 | 66 | | |
| August.... | 72·78 | 76·93 | 68·64 | 8·29 | 80 | 66 | 14 | 142·71 | 65·78 | 162 | 82 | 90 | 72 | 2°·60 | 7° |
| September.. | 72·16 | 76·00 | 68·32 | 7·68 | 79 | 66 | 13 | 130·65 | 54·65 | 156 | 77 | 82 | 74 | 6·25 | 8 |
| October.... | 69·49 | 73·06 | 65·93 | 7·13 | 77 | 62 | 15 | 111·50 | 38·44 | 139 | 62 | 75 | 64 | 5·70 | 8 |
| November.. | 65·45 | 68·70 | 62·20 | 6·50 | 73 | 57 | 16 | 115·60 | 46·90 | 146 | 73 | 76 | 70 | 6·00 | 10 |
| December .. | 64·25 | 66·80 | 61·71 | 5·09 | 72 | 55 | 17 | 92·51 | 32·71 | 125 | 53 | 70 | 55 | 5·48 | 15 |

Dr. Gourlay makes the mean temperature of Funchal (18 years) 68°·89: Dr. Heberden, corrected by Schonu, 67°·3; Dr. Heineken (Register Thermometer) 64°·56; Dr. Mason (Register Thermometer) 66°·95. The exact mean annual temperature can only be determined by several years' observation with the Register Thermometer.

## TABLE,

*Showing the mean degree of dryness on the thermometric scale of Fahrenheit by Dr. Mason's hygrometer, for every month in the year, from 9 A.M. to 9 P.M. (Observations made every three hours.)*

| Sta Luzia, Funchal, Madeira. 1834 & 1835. | January. | February. | March. | April. | May. | June. | July. | August. | September. | October. | November. | December. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Degrees of dryness. | 3°·10 | 4°·26 | 4°·55 | 3°·26 | 4°·10 | 4°·51 | 4°·95 | 5°·8 | 4°·21 | 3°·46 | 2°·17 | 2°·25 |
| Calculated dryness. | 7°·2 | 9°·9 | 10°·6 | 7°·6 | 9°·6 | 10°·5 | 11°.6 | 13°·2 | 9°·6 | 5°·1 | 4°·7 | 5°·8 |

Dr. Mason has given the dryness by his hygrometer; that is, the *difference* between the temperature of a wet bulb and dry thermometer. The dryness in the second line has been calculated from a scale constructed by Dr. Mason, and described in the Records of General Science. (Vol. iv. pp. 23 and 96.) The mean dryness of the year was 3°·91, or calculated 9°·2.

Some of the different effects of the climates of *London* and *Madeira*, in relation to perspiration and respiration, are thus pointed out by Dr. Mason:—

### THE CLIMATE OF MADEIRA.

"1. The air inspired will abstract a less portion of caloric from the body in each act of respiration, in proportion as 66° is higher than 50°.

"2. The quantity of oxygen in a given space at the level of the sea is greater in Madeira, as 30·030 inches, the mean height of the barometer, exceeds 29·881, the mean annual height in London.

"3. Perspiration by evaporation both from the skin and lungs is less in Madeira (regarding the distance from the point of saturation as equal) in proportion as 66°, its mean temperature, approaches that of the body; being capable of supporting 7·447 grains of aqueous vapour per cubic foot; and also as the atmospheric pressure is greater.

"4. The agitation of the air, through the medium of currents or exercise, in promoting insensible perspiration by the skin, is less in Madeira in proportion as its humidity in relation to the functions of perspiration exceeds that of London.

"5. Perspiration by transudation is increased in proportion as perspiration by evaporation is diminished.

"6. When the surface of the body becomes covered with sensible perspiration in Madeira, it is not so likely to be followed by dangerous results as in London, evaporation being less and the heat of the air greater than at the latter place, whence less caloric will be given off from the body, and with much less rapidity.

"7. Caloric will be less rapidly abstracted from the body in Madeira, and in less quantity by increased velocity of the wind, the mean temperature approaching nearer that of the body.

"8. The influence of light is greater in Madeira than in London.

"9. The temporary artificial climate produced by the *leste* approaches, in its hygrometric condition and action on the animal economy, our winter season; the dryness of the former being produced by its distance from saturation, while in the latter it is determined by the lowness of temperature; the hygrometric state of the air being changed by its contact with the body. As regards temperature, it is quite the reverse."

Dr. Mason might have added, that as less heat is given off from the body in Madeira than in London, and as the temperature of the body remains the same, it follows that less heat is generated in Madeira than in London. The amount of heat generated by an animal bears a determined relation to the quantity of carbonic acid given off in respiration: the quantity of carbonic acid formed, and the exhalation of carbonic acid from the lungs, are therefore diminished in Madeira. Tiedemann and Gmelin showed that there are two outlets of carbon in the system—the lungs for carbon burnt, the liver for carbon in an inflammable form—a sort of resin. If therefore the same quantity of carbon be taken into the blood, in both climates, less carbon will be discharged from the lungs, and more from the liver, in Madeira than in London. The principal functions of the lungs will be lightened in Madeira.

It is interesting, in a medical point of view, to know the number of fine, cloudy, or rainy days; it is still more important in meteorology to know the actual time during which rain is falling. This Dr. Mason determined day by day, and month by month. The results for the different seasons are shown in the following Table. We are not aware that any one has before attempted to determine the number of hours actually fine, cloudy, or rainy. The day, of twelve hours, was taken from 6 A.M. to 6 P.M., the night from 6 P.M. to 6 A.M. The observations in the night are approximations.

According to Dr. Heineken 43·35 inches of rain fell at Funchal in 1826; in 1825 only 20·43 inches. Dr. Heineken regarded 30 inches as the average aqueous precipitation. The average number of days on which rain fell has been stated by all previous writers at 73; in the year of Dr. Mason's observations there were 101 days in which rain fell. The season was generally considered unfavourable.

TABLE,

*Showing when any part of the Day and Night was fine, cloudy, or variable; and when any rain fell during the seasons, and the whole year; with the number of Hours actually fine, cloudy, or rainy during the same periods.*

| STA LUZIA, FUNCHAL, MADEIRA, 1 YEAR, 1834-5. | | WINTER. | SPRING. | SUMMER. | AUTUMN. | YEAR. |
|---|---|---|---|---|---|---|
| DAYS. | Days fine . . . | 43 | 44 | 58 | 57 | 202 |
| | Hours fine . . | days.<br>337=28·1 | days.<br>511=42·7 | days.<br>562=46·10 | days.<br>444=37·0 | days.<br>1854=154·6 |
| NIGHTS. | Nights fine . . | 43 | 57 | 58 | 47 | 205 |
| | Hours fine . . | 452=37·8 | 658=54·10 | 695=57·11 | 516=43·0 | 2321=192·7 |
| DAYS. | Days cloudy or variable . | 68 | 28 | 58 | 51 | 205 |
| | Hours cloudy or variable . | 592=49·4 | 404=33·8 | 491=40·11 | 441=36·9 | 1928=160·8 |
| NIGHTS. | Nights Cloudy or variable | 45 | 22 | 31 | 30 | 128 |
| | Hours cloudy or variable . | 460=38·4 | 339=28·3 | 386=32·2 | 333=27·9 | 1515=126·3 |
| DAYS. | Days rainy . . | 33 | 19 | 16 | 33 | 101 |
| | Hours rainy . | 151=12·7 | 119=9·11 | 51=4·3 | 207=17·3 | 528=44·0 |
| NIGHTS. | Nights rainy . | 17 | 11 | 3 | 24 | 55 |
| | Hours rainy . | 168=14.0 | 107=8·11 | 23=1·11 | 243=20·3 | 541=45·1 |

# PROVINCIAL MEDICAL ASSOCIATION.

By a Member.

The organisation of the medical profession, which is now so auspiciously proceeding in this country, is a happy omen for the future advancement of medical science; and gives rise to a well-grounded hope that the present age will be distinguished above those which have preceded it, by the combination of the members of the medical profession to effect the great purposes to be realised by the advancement of medical science.

We need not insist on the importance of the good regulation of Medical Associations; for, doubtless, as these bodies are well or ill managed, will their tendency be to good or evil in the community. There is one principle which we hold to be fundamental; and that is, that the management of the affairs of all scientific societies should be under vigilant and watchful control. This can only be effected by the officers of these institutions being elected annually by the members at large. We believe that one of the principal causes which has led to the decay of the old medical corporations of this country is, that the officers have been self-elected, and that thus little confidence has been placed in them by the great body of members.

In again adverting to the progress which the Provincial Medical Association has made, since we noticed its proceedings last year, we cannot omit insisting upon this as one of the principal features in this flourishing society,—that it consists of medical practitioners of all classes, each of whom is eligible, and may be elected to fill its various offices. There is no restriction as to grade; but at each annual meeting those members who are thought most fit are elected upon the council for the succeeding year, and on that body rests the responsibility of conducting the affairs of the Association until the next annual meeting.

Having premised thus much, it is desirable to trace in detail somewhat of the workings of this system, by giving an account of what has been done by the Association during the past year, by which an opinion can best be formed of the degree of support which this Association is receiving from the medical profession; and also of how far it is really cultivating those objects which it professes to keep in view. We may remind our readers, in order to keep the subject more distinctly before them, what those objects were, as announced by Dr. Hastings in the inaugural address, which was delivered by him at the meeting at Worcester, when this Association was formed:—

1st,—Collection of useful information, whether speculative or practical, through original essays, or reports of provincial hospitals, infirmaries, or dispensaries, or of private practice.

2nd,—Increase of knowledge of the medical topography of England, through statistical, meteorological, geological, and botanical inquiries.

3rd,—Investigation of the modification of endemic and epidemic diseases in different situations, and at various periods, so as to trace, so far as the present imperfect state of the art will permit, their connexions with peculiarities of soil or climate, or with the localities, habits, and occupations of the people.

4th,—Advancement of medico-legal science, through succinct reports of whatever cases may occur in provincial courts of judicature.

5th,—Maintenance of the honour and respectability of the profession generally in the provinces, by promoting friendly intercourse and free communication of its members, and by establishing among them the harmony and good feeling which ought ever to characterise a liberal profession.

We shall best test how far the Association has, during the past year, acted up to these its declared intentions of prosecuting the foregoing objects, by going through the Report of the Council, which was read at the Anniversary Meeting at Cheltenham, and which states in detail the progress that had been made by the Association since the Anniversary Meeting at Manchester.

Happily, the very first paragraph announces a fact which will at once convince those, if any such there are, *who really doubt* the prosperity of the Association, that the advancement made during the past year in public estimation far exceeds that of any former period of a similar extent; for the number of members during the year has increased from 600 to 940, whereas in former years the increase has never exceeded 170 members. It will be recollected, that, in the review we took of the proceedings of the Association in the last Almanack, we considered it highly desirable, on account of the vast extent of country over which the members of the Association were distributed, that they should divide themselves into district branches; and it appears that the Council coincided with the view we then took of this matter, as we find them recommending in their Report the adoption of this salutary measure. The Council, in their Report, observe, " It will be in the recollection of many of the members now present, that at the Manchester Meeting a Committee was appointed to confer with the deputation from the Eastern Provincial Medical Association, respecting a junction to be formed between the two societies. That Committee, unwilling to come to a determination adverse to the Eastern Association, thought it right that the members at large should have the opportunity of forming a deliberate judgment on the subject, and therefore recommended that the consideration should be postponed, with a view to arrangements being devised which might be satisfactory to all parties.

" Your Council have to report that, much to the honour of those who managed the negotiation for the Eastern Association, no long time elapsed after the meeting at Manchester before a communication was received by the Council from the Secretary of the Eastern Association, stating most explicitly the desire of that body to dissolve themselves as a separate Association, and to become members of the Provincial Association; still, however, reserving to themselves the right of holding meetings in the eastern counties, and to consider themselves a district branch of the

Association. This proposition, so very creditable to the high feelings and sober judgment of the members of the Eastern Association, the Council did not hesitate to comply with, and it only then remained to devise the rules by which this district branch might be carried on.

"When the Association was instituted, the constitution given to it was adapted to its probable wants and extent, and great care was taken not to overload it with rules and regulations beyond what might be required; simplicity and efficiency were sought to be combined; and the experience of the last five years may be adduced to show that the early projectors did not fail in their design. With a rapidity, however, unexampled in the annals of the profession, and almost in the annals of social institutions, has the Association increased, so as to spread over the kingdom to an extent which the most sanguine of its earlier friends could never have anticipated.

"From such increase, and from the wide extent of district now embraced, certain wants have arisen which required to be systematically supplied. In this respect the Council have preferred waiting until the wants should manifest themselves, rather than by an anticipation, which might prove hasty and unfounded, hurry into legislative provisions for which the necessity might never arise. The necessity has manifested itself unequivocally. The Council have hitherto met it in the best way their judgment directed; and, guided by past experience, they now render to the members in general an account of what they have done, and submit to their consideration the further measures which will be proposed for their sanction.

"As might be expected, these rational and appropriate recommendations of the Council met with the unanimous approval of the members assembled at Cheltenham; and in accordance with the views above unfolded, the following regulations were unanimously agreed upon, as those by which the district branches should be governed, so as to enable the members more effectually to carry on the laudable purposes for which the Association was formed:—

"1. That in order to fulfil more effectually the several purposes for which the Provisional Association was formed, it is expedient that a still more intimate union of its members be promoted by the establishment of district branches.

"2. That members of the Association be at liberty to form district branches, wherever it may suit their convenience.

"3. That in order to facilitate the formation of such branches, and maintain uniformity amongst them, the General Council provide suitable instructions for the guidance of those who may unite in instituting them.

"4. That conformity with these instructions be further insured by the initiating proceedings and organisation of each branch being submitted to the General Council for their revision and approval.

"5. That the district branches be free to govern themselves as their respective members may think fit, but that the bye-laws ordaining the special government be submitted to the General Council previously to their taking effect, in order to guard against the possibility of any such bye-laws contravening the fundamental laws of the Association.

" 6. That all members appointed to offices by the district branches be forthwith enrolled as members of the General Council, on the appointments being officially notified to the General Council; it being highly expedient that all who engage in the executive management of the district branches should be also members of the General Council.

" 7. That the expenses incurred by the district secretaries, in conducting the proceedings of the district branches, be defrayed from the general funds, provided such expenses do not in any instance exceed one seventh part of the guinea subscribed by each member enrolled in the district branch.

" 8. That if any circumstances arise in the formation of district branches, which call for a larger expenditure than what is allowed by the foregoing resolution, such expenses, provided they do not exceed one-fourth of the guinea, may be allowed, by a statement of the circumstances being made known to the General Council.

" These regulations appear to embrace all that can be required for the management of these branches; and it is matter of congratulation that they seem likely to be extensively acted upon; for it was announced at the meeting, that district branches had been formed upon this plan in the South of England, at Bath, and at Wells; and since the anniversary meeting a branch association has been formed at Newton, lying between Manchester and Liverpool, which promises to embrace a considerable portion of the North of England. In fact, nothing can be more easy than the extension of the simple machinery by which these district branches are worked over every part of the kingdom, by which means sections of the members may meet in their several localities for the advancement of social and scientific purposes; and through the parent Association they will enjoy all the advantages of one great body, ramifying by its subdivisions over every part of the kingdom.

" It is very gratifying to find that the only obstacle that opposed itself to this arrangement was of a pecuniary nature, and was readily overcome; for it fortunately happens that the finances of the Association are at present in so good a state, that after paying all the heavy expenses which arise from printing transactions, and other incidental sources, a considerable surplus remains in hand; and the members of the Association judged wisely in devoting a part of that surplus to encourage the formation of district branches, as it is through these means that a more perfect organisation of the profession, which is one great object that the Association should keep steadily in view, will ultimately be affected."

| | | | |
|---|---|---|---|
| The receipts of the Association, as stated by the Council, were . . . . . . . | £1010 | 8 | 11 |
| The expenditure was . . . . . . | 698 | 6 | 10 |
| Leaving a balance in the hands of the treasurer of | £312 | 2 | 1 |

The expenditure, though heavy, is not greater than the Association must expect annually to incur; the expensive style in which the transactions are got up will necessarily call for a large outlay. During the last year the Association spent a considerable sum of money in circulating information respecting the operation of the new system of medical parochial relief. By this they have done much good; and on each succeeding year they must expect to be called upon in some such manner, if they pursue with vigour the line of action they have proposed to themselves. We would advise them not to be niggardly in these matters, nor to be anxious to accumulate a large capital, for riches beget sloth; and many of the best institutions in this country have been overlaid by too great an accumulation of wealth.

The next topic to which the report of the Committee alludes is the Transactions of the Association, the fifth volume of which was published this year. We are happy to observe that the cultivation of medical topography is proceeding very auspiciously. It has long been a reproach to Englishmen, that they have done much less than their continental brethren in this very important branch of medical learning. We have been long convinced that to the provincial practitioners alone we can look for the supply of this deficiency, and we now feel an assured hope, that the members of this Association will, by continuing to direct their attention to this highly important investigation, be enabled to say, that they, as well as their brethren in several continental states, have contributed something towards the formation of a National Medical Topography.

Dr. Clark, in his excellent work on Climate, makes it ground for complaint, that notwithstanding the public attention has been directed so long towards the climate of Devonshire, it is extraordinary how few the materials are which can be collected with reference to this subject. Happily, since this remark was written, the members of the Association have in part supplied the deficiency, by communicating much information respecting the south-western district of this island. Dr. Carrick and Dr. Symonds have, as far as their resources would admit, illustrated the climate of Clifton and Bristol; and Dr. Forbes of Chichester has adorned the Transactions with a medical topography of the Land's End, which may be quoted as a model for those devoting their attention to these matters; and we understand that Dr. Shapter of Exeter has undertaken to illustrate the medical topography of that town and its neighbourhood; so that there is every reason to hope that, ere long, the desideratum of Dr. Clark will be supplied by an accurate topographical description of the south-western district of England.

We wish the Association had been as successful in the prosecution of the next part of their duties to which the Report of the Council alludes. The Report says, "There is one subject to which the Council deem it right to direct the attention of the members,—it is the paucity of Hospital reports. It is matter of surprise, considering the interest which now attaches to one very important branch of medical inquiry—Vital Statistics—that so little should be done by provincial practitioners. Hospitals and infirmaries, by congregating together a considerable number of sick persons, in this kingdom afford ample means for forwarding our knowledge on this important subjcct; and it is much to be hoped that the members of this Association, who are connected with sanitary institutions, will use their utmost endeavours to promote these inquiries." This recommendation of the Council did not pass unheeded by the meeting at Cheltenham, as a Committee, consisting of nine members, was appointed to draw up tabular forms for statistical records of disease. We trust that this Committee will do its duty ably and zealously; and then it is highly probable that very important results may be obtained. Ever since the middle of the last century provincial hospitals and infirmaries have been in active operation, dispensing their advantages to the sick poor; and, during the whole of this time, an extensive series of observations might have been made in these sanctuaries of sorrow, which would have contributed essentially to the progress of medical science, if some trouble had been taken by the officers to insure accurate returns of the cases. We are aware that these records cannot be obtained without some trouble; but it is to be hoped the Committee will succeed in fixing upon some uniform tabular system, by which this valuable information may be supplied; and then, we think, the members of the Association who are connected with sanitary institutions will be disposed to make some sacrifice to accomplish this desirable object. Nothing would be more creditable to the society than being every year enabled to publish accurate statistical returns from provincial hospitals. The increased circulation of the Transactions, which has risen from 500 to 1200, would be the means of distributing this information widely over the kingdom, and would give an impetus to the desire which has already manifested itself, to pursue with ardour these inquiries.

In pursuance of the object which the Association has in view, of increasing our knowledge relating to epidemic diseases, it was determined to issue circulars to every member of the society, requesting information respecting the spread of the late epidemic influenza; and it is expected that much valuable information will be elicited from the replies to these queries, which will find a place in the forthcoming volume of Transactions.

The report of the Council alludes to the agitated question of parochial medical relief. The Association, much to its honour, has taken a decided part in endeavouring to rescue the sick poor from the evils which are inflicted upon them by the system of relief sanctioned by the Poor Law Commissioners and Boards of Guardians. It appears that the Committee which was appointed at Oxford has been very active in the discharge of their duties. The Committee sent a printed appendix to the report that was read at Manchester to every member of the Council. They afterwards revised the appendix, added to it, and published it together with a second edition of the Manchester Report;* and it is now on sale, and ought to be in the hands of every member of the profession. The Council also stated, that, acting on the suggestion of the same Committee, they had thought it right to address a circular letter to every town in the kingdom, recommending petitions to be sent to Parliament, praying for an alteration in the system of parochial medical relief. The mode in which that appeal has been answered, is testified by the numerous petitions which have been laid on the tables of both houses of Parliament. Petitions which will, at any rate, have the effect of convincing the legislature that the medical profession, as a body in the community, have political rights, and that the dictates of humanity for the sick poor, and the calls of justice to medical men, require that some alteration should be made in the mode of parochial medical relief. The committee followed up this important question at the anniversary meeting, and procured a resolution to be passed, that with a view effectively to make known the feelings of the Association, personal and written communication be made by the members in every locality to their respective representatives in Parliament; also, that petitions be immediately presented on the assembling of Parliament, praying for a special, full, and impartial inquiry into the subject of medical relief for the poor, and for the production of official returns of all medical contracts made under the new law; of the number of practitioners appointed to attend the sick poor, compared with those under the former system; of the extent of districts intrusted to medical officers; of the amount of their salaries, the mode of their appointment, the number of patients attended, and visits performed by each medical officer; lastly, that a plan for an amended system be prepared and placed in the hands of some influential member of the legislature who might be disposed and able to undertake the management of the question in both Houses ot Parliament: and it was further resolved, that if after the adoption of these measures there be not a fair prospect of redress by Parliament, it is the opinion of the Association that its members ought no longer to sanction a system alike degrading to themselves and cruel and delusive to the sick poor: to use the words of the first report, they ought firmly to decline any participation in the medical appointments of the New Poor Law.

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* Just published, the second edition of the Report of the Committee appointed at Oxford to consider the best means of affording Medical Relief to the Sick Poor, and more especially with reference to the operation of the New Poor Law Act; with an Appendix, containing important information relative to the State of Medical Attendance in several Unions.
Sherwood, Gilbert & Piper, London: Deighton, Worcester.

We consider that the Association is right in thus firmly and decidedly expressing its opinions on this all-important topic, because we think, independent of all other considerations, that a delusive and inefficient system of medical attendance upon the sick poor, such as is sought to be upheld by the Poor Law Commissioners, is fraught with evil to the whole community.

It is far from desirable that the interest of the medical profession, so called, should be brought prominently forward in this question; at the same time it is the bounden duty of an enlightened Government to do all in its power to elevate, rather than depress a class of men with whose exertions the public health is so much connected. One important duty which the Association has to perform is, doubtless, to sustain the dignity of the profession. It ought not, however, inconsiderately to engage in novel projects; it should watch vigilantly, in order that, if occasion for its interference should arise, it should be prompt in the discharge of its duty. For this reason the appointment of the standing committee or section which took place at the Cheltenham meeting, to watch the course of events, and suggest, according as these may indicate, the measures in which the Association may properly engage, was a wise and fit arrangement; and it is to be hoped that this Committee will take clear and comprehensive views of medical polity, and not allow their judgments to be warped either by narrow prejudices or speculative fancies.

It is highly creditable to several members of the Association that they have set on foot a Benevolent Society for the relief of distressed members of the profession. This important branch of the Association is supported by funds raised distinctly for that purpose. Its affairs are managed by separate committees appointed from among the contributors; and it is their duty annually to lay a statement of the condition of their affairs before the general meeting of the Association. In the report which was read by Dr. Baron, at Cheltenham, it is remarked, "The Committee feel an increased desire to bespeak the favourable consideration of all the members of the Association in its behalf. The funds are still extremely limited, and unless they shall be materially increased, many cases that call louldly for help must necessarily be rejected. The Committee, therefore, earnestly hope that a scheme which is beginning to produce valuable results will not be allowed to drop for want of timely succour. They with great diffidence presume to offer any suggestions for augmenting the funds. Now, however, that the members of the Association amount to nearly one thousand, the time is come when it may be asked, whether the hint thrown out in the outline presented to the meeting at Bristol might not be acted upon? A trifle (say five shillings) from each member would produce nearly £280 per annum. It would not of course be right to limit the contributions to this sum, and the larger would still continue to be paid; but the smaller contributions now specified would immediately give the benevolent society a considerable income, and would identify it with every member of the Association."

It is very satisfactory to observe, that the Association, through the liberality of one of its members, Dr. Thackeray, is enabled to offer a prize of £50 for an Essay on some medical subject. It is thus announced in the Report of the Council:—

"No further contributions have been received for the Prize Essay fund, but the Council have to announce that Dr. Thackeray has increased his already liberal donation to £50, to be given as a prize for the best Essay on a medical subject, to be fixed upon at the anniversary meeting at Cheltenham. The prize, which the Council propose shall be called the Thackeray Prize, to be open to the competition of the members of every accredited school for medicine and surgery in the United Kingdom."

And, now, can any candid and unprejudiced mind, in reviewing the proceedings of this Society during the year that has just gone by, doubt that its members are really engaged in redeeming the pledge which they gave at its commencement, that they would as a body engage in such pursuits as were calculated to uphold the dignity of the profession, and advance the progress of medical science? It is matter of notoriety, and the history of human nature unfortunately but too directly confirms the truth of the remark, that purity of intentions, zeal in exertion, and success in prosecution of a good design, are no protection against the assaults of enemies: but happily the success of objects, such as are pursued by the Association, is not placed within their control; for good things at all times command the support of the enlightened, the philanthropic, and the wise; and, resting on such a foundation, never fail to prosper.

That this Association may long, long continue energetically to follow the course its members have so meritoriously entered upon is highly desirable; and every year will enable them to improve their organisation, and render it more available to produce useful and beneficial results. It is worthy of consideration whether the Association might not, with good effect, imitate the example of the British Association for the advancement of science, and divide its members into sections or committees, for the prosecution of particular branches of medical science.

In the Annals of Medicine, it was suggested, "that the council of the Provincial Medical Association should be divided into sections. There may be, 1st, an anatomical and physiological section; 2nd, a section of pathology and practice of physic; 3rd, a section of surgery; 4th, a section of chemistry, botany, and pharmacy; 5th, a section of vital statistics; 6th, a section of medical police. Each section should meet before the general meeting, papers might be discussed, experiments repeated, formulæ demonstrated, and the results to be submitted to the general meeting determined."

After all it is our opinion, that the organisation of the medical profession is but in its infancy, and every year will add growth and vigour to the principle by which such associations are united together. The members of this Association must by no means rest satisfied with what they have accomplished, but look forward to produce by zeal and energy still greater results. They must remain firm to their purpose, and allow no barrier to be interposed which can frustrate the prosecution of the good cause in which they are engaged. Let them not so much reflect on what has been done as use diligence to do more. Guided by such ennobling sentiments, the Association must effect some good. Already it has in a few short years established for itself a name and a character which other similar societies have been long in acquiring. Our anticipations for the future are encouraging and ardent. They lead us to expect that pursuing with zeal, steadiness, and judgment, the course of investigation which they have so auspiciously begun, the members of this Association will have the bright and pleasing reward of having aided by their exertions in extending the empire of human knowledge, and of diminishing the amount of human suffering and misery.

# ON THE MEDICAL EXAMINATION OF RECRUITS AND OF SOLDIERS.

By Henry Marshall, Esq., Deputy Inspector-general of Army Hospitals.

## (1.) *On the Duties of a Medical Officer belonging to the Army, in regard to the examination of recruits for the service.*

The British army is recruited by voluntary enlistment for an unlimited period; each recruit engaging to serve until he shall be legally discharged. The men enlist either with parties acting under the immediate control of the commanding officer of the regiment in which he engages, or with recruiting parties which are under the direction of the inspecting field-officer of a recruiting district, and subdivisional officers. There are nine recruiting districts in the united kingdom, viz.: five in England, three in Ireland, and one in Scotland. Recruits which enlist with parties at the head-quarters of regiments or depots, are inspected by the surgeon or medical officer in charge of the regiment or depot of the corps to which the man belongs, and his decision in regard to the eligibility of a recruit, is final; but if he rejects a recruit who has been approved by a staff-surgeon, the man is submitted to the examination of a board, whose decision is conclusive. On the other hand, recruits who enlist with parties belonging to a district, are examined by the staff-surgeon of the district, whose decision is conclusive, in as far as regards men whom he rejects, but not of those whom he intermediately approves; for according to the usage of the service, no recruit is finally approved until he be examined and reported eligible by the medical officer in charge of the regiment or the depot of the corps in which he has enlisted.

The elements of stature, and period of life in recruits, belong exclusively to the province of the military branch of the service.

Medical officers decide upon the fitness of recruits for the service in as far as regards health, strength, and aptitude for military duty. As soldiers are liable to serve in every variety of climate, to endure great changes of temperature, to be exposed to frequent vicissitudes of weather, to undergo much fatigue, to brave the greatest danger, and often to endure considerable privation of the common necessaries of life, recruits should possess vigorous constitutions and a considerable share of muscular capability; hence no man ought to be approved for the service who has not apparently a good constitution, robust health, a sound mind, and adequate strength for the duties which he may be called upon to perform, and complete aptitude for the performance of military duties. The question of fitness or unfitness of a recruit, must in a great measure be determined by the skill, the experience and the discretion of the officer who inspects him; for whatever rules and regulations may be issued on the subject can have only a general application, and so far they may be highly useful, but it is impossible to frame specific instructions on a point of duty where sound judgment and experience of the duties of soldiers must be the chief guide. Every recruit is undressed before inspection, and the examination should be conducted according to a uniform routine, by which means defects or blemishes are not likely to escape detection. Mr. Marshall, in his work on the enlisting, the discharging, and the pensioning of soldiers, has described a routine for this purpose, and enumerated in detail the more common ineligible qualities for which a recruit should be rejected, when any of them exist to such a degree as will immediately, or probably may at no distant period, impair his efficiency as a soldier. A medical officer when he approves of a recruit signs the following certificate: "I have examined the above named recruit, and find that he has no rupture, nor mark of an old wound or ulcer adhering to the bone; he is free from varicose veins of the legs, and has the full power of motion of the joints and limbs. He is well formed, and has no scrofulous affection of the glands, scald head, or other inveterate cutaneous eruption, and he is free from any trace of corporal punishment. His respiration is easy and his lungs appear to be sound. He has the perfect use of his eyes and ears. His general appearance is healthy, and he possesses strength sufficient to enable him to undergo the fatigue to which soldiers are liable. I consider him fit for Her Majesty's service.

(2.) *On the Medical examination of soldiers brought forward for discharge on account of alleged incapacity for further service.*

As British soldiers engage to serve until they are legally discharged, they cannot claim to be relieved from their engagement after any period of service. Soldiers are commonly discharged from the service in consequence of a specific disability or an alleged incapacity for further service, whether they may have served three months or thirty years. Men who are brought forward for discharge as unfit for the service by regimental medical officers, are examined by staff medical officers, whose decision in regard to disabled soldiers is conclusive. Hence it is obvious that a singular anomaly exists in the service, which authorises a regimental medical officer to reject a recruit that has been approved by a staff-surgeon, without investing him with sufficient power to finally decide upon the unfitness of a soldier for military duty.

A regimental medical officer should exercise great caution in bringing forward soldiers for discharge, especially in regard to doubtful or trivial and temporary disabilities. By close attention he may in general be able to form a tolerably correct judgment of a man's case from his knowledge of the previous character, habits, constitution and former complaints, and whether there is any likelihood that the alleged disability is feigned either for temporary or for permanent purposes. He has it therefore in his power to acquire and to communicate much useful information to a medical staff-officer, who will no doubt be greatly influenced in his decision by the report he receives of each man's disability; more especially as the time he has at command to personally examine individual cases is generally very limited.

When a soldier is proposed for discharge, the medical staff-officer has three important questions to decide.

1. Does the alleged disability exist?
2. Does it incapacitate the man for military duty?
3. Is it incurable, or will it in all probability render a man permanently unfit for the service.

The "Code de la Conscription" of the French Government should be carefully studied by every medical staff-officer who may be required to decide upon the expediency of discharging soldiers from the service. It should be made a general rule to examine every man who is proposed for discharge, in a state of nudity. When thus employed, a medical officer has a highly important duty to perform, and he ought to spare no pains to verify the causes assigned for a man's unfitness for the service. An impostor can imitate or pretend to suffer under a variety of diseases, or disabilities, and the imposture may be credited until after much investigation. In a naked state, a man is unable to conceal whatever evidence of health may be inferred from a plump frame and muscular limbs. When a medical staff-officer is thus employed, his duty is very similar to that of a *council* of revision in France, with regard to conscripts who claim an exemption from serving on account of disabilities, and the members are obliged to be very guarded in respect to the credit they give to the statements of a conscript, concerning his unfitness for service, as well as to the testimony of others in support of his allegation. The aptitude or fitness of a man for the service, is the point which is to be investigated in the case of a recruit, but with regard to a soldier who is proposed to be discharged, it is his inaptitude or unfitness that requires to be ascertained. The existence and disqualifying degree of many disabilities are frequently not to be easily appreciated, and hence the necessity of paying much attention to the peculiar symptoms of diseases or disabilities in individual cases. The name of a disease is of no further consequence than to point out where a medical officer should commence his investigation. It is impossible to specify particularly the diseases or disabilities on account of which soldiers, whether of short or long service, shall be discharged. The disabling degree of an infirmity, not the mere name of a disease, should at all times principally influence medical officers in respect to soldiers recommended to be discharged from the army.

## LAWS RELATING TO THE MEDICAL PROFESSION.*

The aggregate body of law relating to the Medical Profession presents three principal classes or divisions:—(1) The Statutes, (2) the Charters and Bye Laws of the Medical Corporations, and (3) the Judicial Decisions, which contain the interpretation of the two former portions of law, and exhibit applications of the general law, to the special cases to which medical practice gives rise.

Each of these portions, considered as a whole, relates to three classes of persons,—physicians, surgeons, and apothecaries,—and is therefore susceptible of a threefold division. The limits to which we are confined will prevent our giving all the different parts of this body of law a full consideration. Nor shall we be able to keep them distinct, because in many instances the law-maker has blended them, and brought within one act, physicians and surgeons.

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* We are indebted for this article to William Theobald, Esq., of the Inner Temple, Barrister, to whom we were induced to apply by the circumstance of the Medical Witness Act having been drawn by him, and of the assistance which he has given on former occasions to the cause of the Medical Profession.

## I. STATUTES AND CHARTERS RELATING TO PHYSICIANS.

So early as the reign of Henry V. the expediency was felt of confining the practice of medicine to learned persons; for in a draught of an act of that date, which, however, never passed into a law, it is provided, that "no one shall use the mysterie of fysik, unless he hathe studied it in some university, and is at least a batchelor in that science."

The earliest legal instrument extant relating to the medical profession, is a writ under the privy seal of Henry VI., appointing three physicians and two surgeons to attend to the health of the sovereign. The appointment implies that the regular practice of medicine had attained the distinction of a science, and was held in high estimation.

The growing importance of medical practice and science is indicated by another circumstance; that at this period the priests became so jealous of the physicians, that the Council of Lateran passed a canon obliging the physicians to send for the metaphysicians,—"for the physicians of the soul," when "called to a sick person,"—in the words of the canon.

The earliest statute properly relating to the medical profession is the 3 Hen. VIII., c. 11: "An Act for the appointing of Physicians and Surgeons;" and after reciting that physic and surgery were practised by ignorant persons "to the high displeasure of God, great infamy of the faculty, and the grievous hurt of many of the king's legal people, more especially of them that cannot discern the uncunning from cunning," it enacts, that no person within the City of London, nor within seven miles of the same, shall practise as a physician or surgeon, without having been first examined and licensed, *upon the pain of a forfeiture* of five pounds per month, for every month that he shall so practise; and there is a similar provision as to persons practising out of the City of London, but imposing an examination before different persons. We refrain from giving the minutiæ, as mere antiquarian learning.

We will here pause, for the purpose of offering a brief criticism on this act of parliament. It is seen that it relates both to physicians and surgeons: we beg our readers to observe, that in terms it only imposes a penalty on those who practise without a licence. Now, upon an assumed distinction between a penalty and a prohibition, it has been held in a Court of Law, that it is not illegal for an unlicensed person to practise as a surgeon; and that consequently such a person can still maintain an action for his bill.* But we must observe, that this is by no means a satisfactory decision; for, as a general principle, it is indisputable, that the right to maintain an action for compensation or reward necessarily implies that the service performed is legal; *ex turpi causa*

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* Grenaire *v.* Le Clerc Bois Valon. 2 Camp. 144.

*non oritur actio:* but if a penalty is attached to the service, it is clear that the object of the legislature is its prevention; and therefore the penalty seems to imply a prohibition, and is tantamount to an enactment, that the service shall be deemed an offence and be illegal; and for this reason we think, that upon mature consideration, the Court could not adhere to its first decision, but would hold the true construction of the statute of Hen. VIII. to be, that it makes it illegal to practise as a physician or surgeon without being possessed of the statutory or chartered qualification.

The next important statute is the 14 and 15 Hen. VIII., c. 5, entitled, "The Privileges and Authority of Physicians in London;" it sets forth and confirms the letters patent of the 10 Hen. VIII., incorporating the physicians, and then enacts, that no person shall be suffered to *practise in physic* through England without having been first examined, "except he be a graduate at Oxford or Cambridge, which hath accomplished all things for his form without any grace."

This statute confirmed the charter granted three years previously, and established the College of Physicians: the charter conferred on the licentiates of the College the exclusive right of practising as physicians in and for seven miles round London: the reservation, therefore, in favour of the graduates of the two English Universities, only entitled them to practise beyond that precinct.

In the reign of Queen Anne, when the physicians probably first felt the competition of the class of general practitioners, the College of Physicians sued an apothecary upon the charge of having contravened the prohibition of this statute, by practising "in physic" without a licence. The defendant, the apothecary, it appeared, had been sent for by the patient, saw him, and sent him medicines; the Court of Queen's Bench held, that he had violated the statute, and had incurred the penalty: but the House of Lords reversed the decision, and gave judgment for the defendant.* The race of the apothecaries would have been destroyed if the College had eventually succeeded in this action. It is a satisfaction to us to be able to say that the House of Lords seems to us to have come to the correct decision: for though the apothecary does "practise in physic," and this is what is in terms prohibited to unlicensed persons, and therefore apothecaries appear at a first glance to be within the prohibition, yet the *exception* shows that the object of the statute was merely to protect the members of the college against rival physicians.

The prohibition of the statute and privilege of the physician, has occasionally been infringed under the cloak of practising as a *surgeon*, and the law has not always proved adequate to its vindication. We allude to such cases as that of Dr. Harrison, who, without being a member of the College of Surgeons, attended patients for curvature of the spine, and for the health as well, received fees, wrote, and left prescriptions, many of which were for *internal* applications, and were made up indifferently by the druggist, apothecary, and surgeon. Dr. Harrison's defence to an action by the College was, that he practised as a surgeon; and Lord Tenterden told the jury that if they were of opinion that he had not practised "in physic," but had practised as a surgeon only, they should find for the defendant, and they did find for the defendant.* Another jury, perhaps, upon the same facts, would have been of a different opinion. And as the case is important we will observe, that Dr. Harrison would have failed if the statute of 3 Hen. VIII., c. 11, had not received the construction on which we have offered some animadversion. The jury probably thought, that as a person might legally practise *as a surgeon*, without being a member of the College of Surgeons, the boundary of the two practices was too ill defined to make it *fair* to punish the transgression; an opinion not very unreasonable, or at least only of that degree of obliquity which occurs every day in jury-trials; and indeed it is the great merit of trial by jury, that it subjects, as in this case, our penal *law* to the *revision* and censorship of the citizens.

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* College of Physicians *v.* Rose, 3 Salk. 17; Bro. Parl. Ca. 78.

In the case of Butler, who was sued by the College for practising as a physician without a licence, it was contended on behalf of the defendant, that by a subsequent statute, the 34 Hen. VIII., which we shall state presently, the practice of physic was thrown open; but this defence was unsuccessful; for the statute alluded to only protects charitable persons not being physicians.†

It was in the case of Dr. West that the question was raised whether a doctor of physic, of Oxford or Cambridge, had a right to practise in and within seven miles of London without a licence from the College, and the Court decided that he had not.‡ The same question was raised and decided in the same manner in the case of Dr. Levett.§

The 32 Hen. VIII., c. 40, entitled, "For Physicians and their Privilege," exempts them from certain parish offices; but its most important provision is, one enabling the physician to practise also as a surgeon. "Forasmuch," says the statute, "as the science of physic comprehends the knowledge of surgery," the physician may "practise the said science in all and every his [its] members and parts; any act, statute, or provision to the contrary notwithstanding,"

1 Mary, 2 sess., c. 9, "An act touching the Corporation of the Physicians in London," merely confirms the former letters patent.

Elizabeth, (Feb. 24th, 7 Eliz.,) James the First, (Oct. 8th, 15 Jac. I.,) and Charles the Second, (Mar. 26th, Car. II.,) granted charters of these dates to the physicians, each respectively confirming and enlarging the charters, privileges, and powers granted by the preceding sovereigns; but their validity rests on the acts of parliament.

## II.—STATUTES AND CHARTERS RELATING TO SURGEONS.

Of the Barbitonsor regis, there exists more ancient evidence than of the surgeon. Letters patent of Hen. VI. are preserved in Rymer's Fœdera, respecting the feudal rights of this person. Probably he exercised both functions, his surgical ones being the least important. Indeed, it must have been so, because it is impossible that the barber should have encroached upon the surgeon, if the latter had been a different person; and if the surgical functions had been held in equal estimation with the shaving and clipping ones, some feudal rights would have been attached to them, and they would have been mentioned in these letters patent.

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* Wilcock Appx. 128.

† Sir W. Jones, 261.

‡ 10 Mod. 353.

§ 1 Ld. Raym. 172.

By a charter of 1 Edw. IV., the Barbers of the City of London were incorporated chiefly, as appears by its recital, for the sake of insuring a superintendence over surgical qualifications and functions The motive of the charter, and its provisions, implies, that at that time the surgical practice of the barbers had become of paramount importance, but the barber and surgeon still remained the same person.

The 3 Hen. VIII., cap. 11, "An Act for the appointing of Physicians and Surgeons;" which, as we have already stated, renders a person who is not a member of the College of Surgeons liable to a penalty of five pounds per month for practising, but has been also construed as not prohibiting such practice, and as not rendering it illegal: and in consequence of this construction many persons, under cloak of practising as surgeons, infringe the privileges, and set at nought the powers of the College of Physicians, and at the same time the protection against quacks, intended by the institution of the College of Surgeons; we have no hesitation in saying, that the latter body ought not to acquiesce in such a construction, without carrying it before the highest tribunal. The weight of authority in favour of it is not formidable; viz., the ruling of Lord Ellenborough, at *Nisi Prius*, in the case of the French surgeon, and of Lord Tenterden, in the case of Dr. Harrison; though in the latter case the point was immaterial, and it was immaterial also when the former case was brought before the full court upon motion to set aside the verdict on the ground of the erroneousness of Lord Ellenborough's opinion.

The next act relating to surgeons is, the 5 Hen. VIII., cap. 6, "An Act concerning Surgeons to be discharged of Quests, and other things;" which, after much antiquarian and curious parade of the ancient exemptions and privileges of surgeons, in feudal as well as in later times, grants new exemptions.

The 33 Hen. VIII., cap. 12, sect. 7, assigns certain officers or members of the king's household to attend on the serjeant, or chief surgeon, in performing the duty of "searing the stumps" of such culprits as have had their hands "stricken off," by judgment of the Lord Steward or his deputies of the Marshalsea. Whose duty it was to *amputate* the hand does not appear; probably it was not the surgeon's, and from the very minute provisions made respecting the offices ancillary to the "searing," we infer that the surgeon's duty was odious to the household, that he was a person of little influence among them, and that they were refractory towards him: there is the serjeant of the pantry to give the culprit bread, of the cellar to give him red wine, of the ewry and chandry to give the necessary cloths, and of the poultry to give the cock to the surgeon, ready for him to wrap about the stump when the hand shall be stricken off, and other similar regulations.

The 18 Geo. II., cap. 15, entitled, "An Act for making the Surgeons of London and the Barbers of London two separate and distinct corporations:" separates the Surgeons from the Barbers' Company.

And, lastly, come the two existing charters, the first granted in the 40th year of Geo. III., establishing "The Royal College of Surgeons in London;" and the other of the 3 Geo. IV., granting the College power to hold lands in mortmain, altering the titles of master to that of president, of governor to that of vice-president, and of court of assistants to that of the council; also giving either of the two principal serjeant surgeons, and the surgeon general of the army an *ex officio* right to fill any vacancy that may happen in the court of examiners, if, at the time of the vacancy, they are members of the council.

In the 32 Hen. VIII. an act (c. 42, "For Barbers and Surgeons") was passed, in which it is recited that there were two companies, the Barber's Company and the Surgeon's Company, in London, but that only the former had been formed into a corporation; and then it proceeds to unite them into one body corporate, by the name of "The Masters or Governors of the mystery and commonalty of Barbers and Surgeons in London." Thus it appears, that the surgeons had become a distinct class of persons, and formed themselves into a voluntary association. As, however, there was no impediment to their belonging to the Barber's Company, and the barbers had by their charter control over surgeons, it may safely be inferred that this act originated with the barbers, and was unpalateable to the surgeons; and, except that it prohibits barbers from practising in future as surgeons, it may be doubted whether it was not a retrograde step in legislation. It was not till the 18 Geo. II., c. 15, that the surgeons were legally formed into a separate incorporation, under the humble name of "The Masters, Governors, and Commonalty of the Art and Science of Surgeons in London;" which has since been changed into that of the "Royal College of Surgeons in London."

One other old statute has yet to be mentioned, the 34 and 35 Hen. VIII., c. 8, which is entitled "A Bill that Persons, being no common Surgeons, *may minister medicines*, notwithstanding the statute."

The statute alluded to in this title is the 3 Hen. VIII., c. 11, and its prohibition is removed, so far as it applies to charitable persons administering medicines for the relief of the poor, "only for neighbourhood and God sake, and of pity and charity." It was upon this act that Loughton, and Butler, and others grounded their defence, in the actions for penalties brought against them by the College of Physicians, but unsuccessfully, for the act protects gratuitous practice only; and seemingly, also, it does not protect even the gratuitous administration of *internal* remedies, except in the particular cases of "drinks for the stone, strangury, and agues."

## III. STATUTES AND CHARTERS RELATING TO APOTHECARIES.

In the 4 of James I. a charter was granted, the object of which was to form the grocers and apothecaries of London into one company, by the name of "The Grocers of the City of London."

By a charter of the 13 Jac. I., the apothecaries were separated from the grocers, and formed into a distinct company. Its principal objects were to exclude ignorant persons, and punish those who sold bad medicines. Its provisions were in the usual form: to elect a master, wardens, and proper officers; to enable them to make bye-laws, to take apprentices, levy fines and penalties upon delinquents. It ordains that no grocer shall keep an apothecary's shop; that every apothecary shall have served an apprenticeship of seven years; and before he is permitted to keep a shop, or to act as an apothecary, he shall be examined before the master and wardens to ascertain his fitness. The machinery established by this charter was applied by the legislature, and called into action, for the reformation and improvement of this body of practitioners. We allude to the 55 Geo. III., cap. 194., entitled, "An Act for better regulating the Practice of Apothecaries throughout England and Wales," and the 6 Geo. IV., c. 133., to amend and explain it.

The first section of the first of these acts confirms the charter of James I.; the second and third sections relate to the power to search for and prove drugs and medicines; the third defines the qualifications of the examiners; they must be apothecaries who have been "in actual practice for not less than ten years at least," previously to their being appointed examiners.

The fifth section recites that it is one of the duties of an apothecary to prepare and dispense the medicines prescribed by the physician; and then enacts the successive penalties of 5*l.*, 10*l.*, and loss of certificate for the first, second, and third offence of a refusal to prepare, &c., any medicine as directed by any physician; or of negligently, falsely, unfaithfully, fraudulently, or unduly preparing the same.

The sixth section empowers the master and wardens to appoint a deputy; the seventh entrusts the execution of the act to the Apothecaries' Company; the eighth confines certain of the Company's powers to assemblies of the Company in their hall; the ninth, tenth, eleventh, twelfth, and thirteenth, constitute the court of examiners, define the duration of the office, and the mode of filling it in case of vacancy. The eighteenth belongs to this class of sections, though there are intervening sections: it empowers the master and wardens to appoint five apothecaries, in any county thirty miles beyond London, to exercise and grant certificates of the qualifications of the assistants of country apothecaries.

The fourteenth section is the principal section; it enacts, "That from and after the 1st of August, 1815, it shall not be lawful for any person or persons (except persons already in practice as such) to practise as an apothecary in any part of England and Wales, unless he shall have been examined," &c. By the same section he must be twenty-one years of age; and by the next section, (the fifteenth,) he must have served an apprenticeship of not less than five years to an apothecary, and produce testimonials of a sufficient medical education, and of good moral conduct, to be admitted to an examination.

The sixteenth section requires notice to be given to the clerk of the Society by any person intending to take an examination.

The seventeenth section contains a prohibition, similar to that of the fourteenth, as to the assistants of apothecaries: it enacts, "That from and after the 1st of August, 1815, it shall not be lawful for any person or persons (except the persons then acting as assistants to any apothecaries as aforesaid, and excepting persons who have actually served an apprenticeship of five years to an apothecary) to act as an assistant to any apothecary, in compounding or dispensing medicines, without undergoing an examination by the said court of examiners," &c.

The nineteenth section fixes the sums to be paid for the certificates :—

| | | | |
|---|---|---|---|
| £10 | 10 | 0 | by persons intending to practise as apothecaries within ten miles of London. |
| £6 | 6 | 0 | by persons intending to practise only out of those limits ; |
| £4 | 4 | 0 | more, if, after having taken out the six guinea certificate, they intend to practise within the ten guinea limits ; and |
| £2 | 2 | 0 | by every person taking a certificate to act as an assistant. |

The twentieth is the principal penal section ; we give it entire :—

"That if any person (except such as are then actually practising as such) shall, after the said 1st August, 1815, act or practise as an apothecary in any part of England or Wales, without having obtained such certificate as aforesaid, every person so offending shall for every such offence forfeit and pay the sum of 20*l.* ; and if any person (excepting such as are then acting as such, and excepting persons who have actually served an apprenticeship as aforesaid) shall, after the said 1st August, 1815, act as an assistant to any apothecary, to compound and dispense medicines, without having obtained such certificate as aforesaid, every person so offending shall for every such offence forfeit and pay the sum of 5*l.*"

The twenty-first disentitles unlicensed apothecaries, with one exception, from recovering his charges ; it is as follows :—

"That no apothecary shall be allowed to recover any charges claimed by him in any court of law, unless such apothecary shall prove on the trial that he was in practice as an apothecary prior to or on the said 1st August, 1815, or that he has obtained a certificate to practise as an apothecary from the said master, wardens, and society of apothecaries as aforesaid."

The twenty-second section gives to persons who have been refused their certificate the right to have a second examination. The twenty-third requires the Society to have a printed list, each succeeding year, of the persons who have obtained licences in the year to practise as apothecaries.

The twenty-fourth, twenty-fifth, twenty-sixth, and twenty-seventh are fiscal.

The twenty-eighth and twenty-ninth save the rights of the chemists and druggists, and of the College of Physicians. The thirtieth is for the limitation of actions ; and the thirty-first and last section makes the act, what it is of itself without the section, a public act.

We have abstracted the statute thus fully, on account of its great importance, and of the number of persons who are affected by its provisions. The reported decisions upon it are few ; we will briefly notice them.

## *Decisions upon the Act.*

With respect to the persons upon whom the penalty may attach of practising as an apothecary without a certificate, and without being within the statutory exception;—an apothecary's apprentice incurs it,* if he practises as an apothecary away from his master's residence, or under circumstances in which, though the business is his master's, he has not his master's superintendence. The case was this:—the defendant was of the age of twenty-four; his father was an apothecary; he had lived with his father and two other apothecaries more than five years in the whole; the last with whom he lived was an apothecary at Halifax. He was bound apprentice to his brother, who was an apothecary about eight miles from Halifax; and, upon his being bound, his brother took a shop at Halifax, placing him in it, and coming over several times every week to Halifax. Upon this evidence Lord Tenterden directed the jury to find a verdict for the plaintiff; and in discharging a rule for a nonsuit, which was afterwards applied for, the Lord Chief Justice said, "It was argued for the defendant, that if he should be considered as practising within the terms of the act, every apprentice to an apothecary, who, in the absence of his master, should give attendance, advice, or medicines, might be so considered. We think, however, that no such consequence will follow.

"The act does not, in terms, require a practising on the party's own account; and it must be obvious, that if a case like the present be not within the act, a door will be opened whereby the objects of the act may be evaded, and there may be a practising at several towns under one certificate, and at some of them by persons under the name and colour of apprenticeship, with little or no benefit to the patients from the skill or knowledge of the person who has obtained the certificate. We think the only safe rule is to confine the practice of apprentices to the residence of their master, whereby the patients may, in general, have the benefit of his skill. In the present case, few of the patients could have that benefit in any degree. We think, therefore, the defendant incurred the penalty of the statute."

A person who advises patients, and compounds and sells the medicines recommended by himself, is liable to the penalty, though he does not and cannot, make up physician's prescriptions.† But, as one of the duties of an apothecary is, to make up the prescriptions of a physician, an inability to do it on the 1st of August, 1815, by reason of a total ignorance of Latin, was held to be at least *evidence* which a jury might take into their consideration, with reference to the question, whether so incompetent a person did actually and bona fide practise as an apothecary at that time.‡ To those who may think these two propositions at variance, we beg to observe, that in the former case there was ample proof of a practising as an apothecary, notwithstanding the inability of the defendant to make up prescriptions; and, therefore, as matter of law, the judge directed a verdict to be entered against the defendant. But in the latter case there was not the same plenitude of proof in the other circumstances, and it is obvious that this circumstance raised a presumption against the person. "I think," said Chief Justice Abbott, "that the jury formed a right conclusion from the evidence." It does not appear that the judge left any question to the jury as to the degree of skill which the defendant possessed; but he left it to them to determine, whether his ignorance, which was proved, was not cogent evidence, from which they ought to conclude that he had never actually and bona fide practised as an apothecary at all. Now, as it appeared that he could not have read the language in which prescriptions are usually written; and even if the prescription had been in English, that he was not acquainted with the characters used to denote the different weights, &c., I think that this was cogent evidence for their consideration, and that the direction of the learned judge was right."

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* Apothecaries' Co. *v.* Greenwood, 2 B. and Ad. 708.

† The Apothecaries' Co. *v.* Allen, 4 B. and Ad. 625.

‡ Apothecaries' Co. *v.* Warburton, 3 B. and Ad. 44.

If the case against the defendant is not such that the fact of practising is so clear, that, ipso jure, the defendant is liable, but is merely a case of suspicion; it is for the jury to say whether he is liable; and he is not so, if they find that he merely practised as an assistant.*

A person claiming to be exempt from the penalty, as having been in practice when the act passed, must satisfy the jury that he was actually in practice as an apothecary, on the 1st of August, 1815; and, therefore, where the evidence on the part of the defendant was, that he practised in town in June, and some part of July, 1815, but that before the 1st of August he had left town, and become an assistant at Chatham, the Court held that his exemption ceased, and that by afterwards practising on his own account he became liable to the penalty.†

In an action for the penalties, the onus probandi rests on the defendant, and he must prove that he has a certificate.‡

## THE MEDICAL WITNESS ACT.

(6 & 7 Will. IV., c. 89.)

Besides the statutes already noticed, there are numerous others, relating more or less to the medical profession; as, for example, the regulations respecting the admission of patients into lunatic institutions, &c.; but our limits oblige us to defer to a future year any notice of them, especially as we deem the above act of such daily value and importance to the whole profession, that it is our intention to insert it entire. Of the history of this act, it is in no other respect necessary to say any thing, than that its author is entitled to the expression of our gratitude for so great a boon to the medical profession.

As happens in most cases, so it happened in this, that the justice granted at last, had often been sought for before, and was only conceded to that singular devotedness and talent with which Mr. Wakley has pursued and so greatly advanced the interests of the medical profession.

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* Brown *v.* Robinson, 1 Car. and P. 264.

† Apothecaries' Co. *v.* Roby, 5 B. and A. 949.

‡ Apothecaries' Co. *v.* Bentley, R. and M. 57.

By an act of the last session, (7 Will. IV., and 1 Vic., c. 68,) the coroner pays the medical witness, instead of giving him an order for payment.

The act is entitled, "An Act to provide for the Attendance and Remuneration of Medical Witnesses, at Coroners' Inquests," and is as follows:—

### *Summoning of Medical Witnesses.*

I. Whereas it is expedient to provide for the attendance of medical witnesses at coroners' inquests, also remuneration for such attendance, and for the performance of post-mortem examinations at such inquests: Be it therefore enacted by the King's most excellent majesty, by and with the advice of the lords spiritual and temporal, and commons, in this present parliament assembled, and by the authority of the same, that from and after the passing of this Act, whenever upon the summoning or holding of any coroner's inquest, it shall appear to the coroner that the deceased person was attended at his death, or during his last illness, by any legal qualified medical practitioner, it shall be lawful for the coroner to issue his order, in the form marked (A) in the schedule hereunto annexed, for the attendance of such practitioner as a witness at such inquest; and if it shall appear to the coroner that the deceased person was not attended at or immediately before his death by any legally qualified medical practitioner, it shall be lawful for the coroner to issue such order for the attendance of any legally qualified medical practitioner, being at the time in actual practice in or near the place where the death has happened; and it shall be lawful for the coroner, either in his order for the attendance of the medical witness, or at any time between the issuing of such order and the termination of the inquest, to direct the performance of a post-mortem examination, with or without an analysis of the contents of the stomach or intestines, by the medical witness or witnesses who may be summoned to attend at any inquest; provided that if any person shall state upon oath before the coroner that in his or her belief the death of the deceased individual was caused partly or entirely by the improper or negligent treatment of any medical practitioner or other person, such medical practitioner or other person shall not be allowed to perform or assist at the post-mortem examination of the deceased.

### *Additional Medical Evidence if the first be not satisfactory.*

II. And be it further enacted, That whenever it shall appear to the greater number of the jurymen sitting at any coroner's inquest, that the cause of death has not been satisfactorily explained by the evidence of the medical practitioner, or other witness or witnesses who may be examined in the first instance, such greater number of the jurymen are hereby authorized and empowered to name to the coroner, in writing, any other legally qualified medical practitioner or practitioners, and to require the coroner to issue his order, in the form herein-before mentioned, for the attendance of such last-mentioned medical practitioner or practitioners as a witness or witnesses, and for the performance of a post-mortem examination, with or without an analysis of the contents of the stomach or intestines, whether such an examination has been performed or not; and if the coroner, having been thereunto required, shall refuse to issue such order, he shall be deemed guilty of a misdemeanor, and shall be punishable in like manner as if the same were a misdemeanor at common law.

### *Fee to Medical Witnesses, and Funds for their Payment.*

III. And be it further enacted, That when any legally qualified medical practitioner has attended upon any coroner's inquest in obedience to any such order as aforesaid of the coroner, the said practitioner shall for such attendance at any inquest in Great Britain be entitled to receive such remuneration or fee as is mentioned in the table marked (B) in the schedule hereunto annexed; and for any inquest held in Ireland, the said practitioner shall be paid in the manner provided by the laws in force in that part of the United Kingdom; and the coroner is hereby required and commanded to make, according to the form marked (C) * in the schedule hereunto annexed, his order for the payment of such remuneration or fee, when the inquest shall be held in Great Britain, and such order may be addressed and directed to the churchwardens and overseers of the parish or place in which the death has happened; and such churchwardens and overseers, or any one of them, is and are hereby required and commanded to pay the sum of money mentioned in such order of the coroner to the medical witness therein-mentioned, out of the funds collected for the relief of the poor of the said place.

### *Fee not payable for a post-mortem Examination instituted without order from the Coroner.*

IV. Provided, nevertheless, and be further enacted, That no order of payment shall be given, or fee or remuneration paid, to any medical practitioner for the performance of any post-mortem examination which may be instituted without the previous direction of the coroner.

### *Inquests on Bodies of Persons dying in Public Institutions.*

V. Provided also, and be it further enacted, That when any inquest shall be holden on the body of any person who has died in any public hospital or infirmary, or in any building or place belonging thereto, or used for the reception of the patients thereof, or who has died in any county or other lunatic asylum, or in any public infirmary or other public medical institution, whether the same be supported by endowments or by voluntary subscriptions, then and in such case nothing herein contained shall be construed to entitle the medical officer whose duty it may have been to attend the deceased person as a medical officer of such institution as aforesaid to the fees or remuneration herein provided.

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* Instead of giving the form we insert the enactment already referred to, which requires the coroner to pay the witness.

### *Penalty for neglecting to attend.*

VI. And be it further enacted, That where any order for the attendance of any medical practitioner as aforesaid shall have been personally served upon such practitioner, or where any such order not personally served shall have been received by any medical practitioner in sufficient time for him to have obeyed such order, or where any such order has been served at the residence of any medical practitioner; and in every case where any medical practitioner has not obeyed such order, he shall for such neglect or disobedience forfeit the sum of five pounds sterling, upon complaint thereof made by the coroner or any two of the jury before any two justices having jurisdiction in the parish or place where the inquest under which the order issued was held, or in the parish where such medical practitioner resides; and such two justices are hereby required, upon such complaint, to proceed to the hearing and adjudication of such complaint; and if such medical practitioner shall not show to the said justices a good and sufficient cause for not having obeyed such order, to enforce the said penalty by distress and sale of the offender's goods, as they are empowered to proceed by an act of parliament for any other penalty or forfeiture.

### *Act not to extend to Scotland.*

VII. And be it enacted, That nothing in this act contained shall extend to Scotland.

## SCHEDULE TO WHICH THIS ACT REFERS.

### (A.) *Form of Summons.*

Coroner's Inquest at , upon the body of

By virtue of this, my order, as coroner for , you are required to appear before me and the Jury at , on the day of 18 , at o'clock, to give evidence touching the cause of death of , [*and then add, when the witness is required to make or assist at a post-mortem examination*, and make or assist in making a post-mortem examination of the body, with [*or* without] an analysis, [*as the case may be*,] and report thereon at the said inquest.

(Signed) Coroner.

To , Surgeon, [*or* M.D., *as the case may be.*]

### (B.) *Table of Fees.*

1. To every legally qualified medical practitioner for attending to give evidence under the provisions of this act, at any coroner's inquest whereat no post-mortem examination has been made by such practitioner, the fee or remuneration shall be one guinea.
2. For the making of a post-mortem examination of the body of the deceased, either with or without an analysis of the contents of the

stomach or intestines, and for attending to give evidence thereon, the fee or remuneration shall be two guineas.

*The Coroner is to pay the Medical Witness.*

By the 7 Will. IV., and 1 Vic., c. 68, s. 2, it is enacted, That so much of the said act passed in the last session of parliament as directs the coroner to make out an order on the churchwardens and overseers of the parish in which any death shall have happened, for payment of the remuneration or fee payable under the provisions of that act to any medical practitioner, and as directs such churchwardens and overseers to pay the same out of the funds collected for the relief of the poor of such parish, shall be, and the same is hereby repealed; and in lieu thereof, the coroner shall, immediately after the termination of the proceedings at any inquest, advance and pay such remuneration or fee to every medical witness summoned under the provisions of the said act, and the amount thereof shall be repaid to the said coroner in manner hereinafter mentioned.

## CRIMINAL RESPONSIBILITY.

### VENDORS OF QUACK MEDICINES, QUACK DOCTORS, AND REGULAR PRACTITIONERS.

There are too many inconsistencies of all kinds in our patchwork laws and legislation to leave room for surprise at the manifest inconsistency of the portion of law on which we are now entering. This branch of law, like any other branch of criminal law on which there has been little legislation, is composed mainly of deductions from general principles of morals and convenience, made by the courts for the particular case or occasion. It is a branch of the common law, or, as it may not inaptly be called, our *unwritten wisdom;* and we may add, that on a subject like the present, we do not, in general, regret the absence of legislation; for such judge-made law is commonly more wise, more beneficent, and more just than the laws which emanate from parliament. Thus, in the case of quack medicines, parliament, instead of dishonouring, recognises the poisons, imposes a stamp, and with it a moral value, upon them; and their sale, with their impudent labels, and often fatally deceptive statements, become by necessary implication *legal*, and consequently dispunishable. But though the sale of quack medicines is legal, we beg to suggest to the medical corporations a distinction which we deem of some importance, and which will enable them to vindicate the rights of their members, and to protect the public health. The distinction rests upon the following principle;—That a man who sells poison under an attractive name commits a nuisance, and is indictable; he is indictable before any fatal consequence happens; the danger to the public makes the nuisance. The labels and statements which accompany the quack-poison are full of danger to ignorant persons, and it is a species of quackery which ought to be attempted to be put down by prosecution of the vendors. The sale of these poisons could then be carried on only under the obscure name of the quacks themselves, without their delusive statements. A prosecution would establish the criminal responsibility of the simple vendor of a poison, with a paper containing a recommendation of it to cases in which its use would be condemned by the whole body of the profession.

That there is great inconsistency in punishing persons who practise as physicians, surgeons, and apothecaries, without a licence, and at the same time giving impunity to the sale of quack medicines, in the form in which it takes place at present, is evident, if we consider the real character of the bills which accompany the stamped poisons. What are they but *printed prescriptions* of particular doses of secret ingredients to be taken *as medicines?* What are they but substitutes for the prescriptions of the physician? Their very object is to render it unnecessary to resort to the educated judgment and skill of the apothecary, surgeon, or physician. This object they effect by inspiring the faith of the ignorant. The laws of parliament relating to the medical profession, and the charters of the medical bodies, establish the principle of protecting society in cases of disease against ignorance. There is the College of Physicians, to protect against ignorance in those who practise as physicians; the examiners of the Apothecaries' Company, to afford a similar protection with relation to that branch of the profession. No person can practise as a physician or apothecary without a licence; and we affirm that upon a true construction of the 3 Hen. VIII., c. 11, it is illegal to practise as a surgeon without a licence. Every portion of medical practice is thus embraced in the statute law, and the inconsistency is too great to be persisted in, of allowing the present mode of selling quack medicines, if it is attacked in the courts and in parliament, as it ought to be, by the medical corporations. There is, indeed, one circumstance in which the quack papers differ materially from a regular prescription;—that they are adapted, not for a particular case, or particular individual, but for all whose ignorance fits them for the imposition.

With respect to quack doctors, or unqualified persons,—for merely practising without doing harm, (if that is possible,) they are not responsible. Unlike quack papers, they have the power of discrimination; and as their *legal* inferiority only arises under the statutes and charters which establish the medical profession, they are liable only to the penalties provided against unqualified practisers in surgery and medicine. Their criminal responsibility therefore arises only in case of death happening through their want of skill or negligence.

It is an important question, whether they are entitled to a milder, or liable to a harsher consideration, in consequence of their not being members of the medical profession. In a civil point of view this ought to go in extenuation; if I prefer a person who has not the *legal* qualifications to one who has, I am not entitled to reproach him with his want of that skill which the law has secured to me in another person. But the public are not bound by this consideration; on the contrary, the public having already, in the provisions of different statutes, declared the importance of scientific qualifications, and having provided for them, may claim the exercise of extraordinary care and skill in those who practise without the legal qualifications; and, according to this principle, a quack doctor would have to bring to his patient at least the average knowledge, care, and judgment.

Such is the principle on which the criminal responsibility of quack doctors ought to be defined; but so rare are the cases which arise, so humane and kindly disposed generally are the judges, and so few the opportunities of discussing the principles of the criminal responsibility of this class of offenders, that it rather seems that this principle has been overlooked, and that quack doctors are held liable, like regular practitioners only, for *gross* unskilfulness or negligence. Thus, in the case of Webb, who was an agent for the sale of Morison's pills, and was indicted for having caused death by administering doses of gamboge, aloes, and other deleterious substances, one of the most learned and intellectual judges that ever sat on the bench (Lord Lyndhurst) told the jury, that if the death of the deceased was occasioned or accelerated by the medicines which the prisoner had administered, and that he had administered them either with a criminal intent, or *from gross ignorance*, they must find him guilty.*

The prisoner Williamson was seventy-five years of age, and had been in the habit of acting as accoucheur, though not regularly educated in that faculty. He was indicted for murder and manslaughter, in having caused the death of the deceased by mistaking a prolapsus uterus, which took place shortly after the delivery, for a remain of the placenta; and in endeavouring to remove the latter, he had lacerated the uterus, and torn open the mesenteric artery. This caused the death. Lord Ellenborough said, with reference to the charge of manslaughter, that, "to substantiate it, the prisoner must have been guilty of criminal misconduct, arising from the *grossest* ignorance or the most criminal inattention; one or other of these is necessary. It does not appear that there was any want of attention, and it appears that he had delivered many women at different times; from this he must have had some degree of skill. It would seem, that having placed himself in a dangerous situation he became shocked and confounded. I think that he could not possibly have committed such mistakes in the exercise of his unclouded faculties; and I own that it appears to me that, if you find the prisoner guilty of manslaughter, it will tend to encompass a most important and anxious profession with such dangers as would deter reflecting men from entering into it."

Of course the prisoner was found not guilty; though, in the opinion of the medical witnesses, the prisoner's mistake showed great want of anatomical knowledge.

In the case of Mr. Van Butchell, who was indicted for causing death by an injury in the rectum, caused by the introduction of a bougie, Mr. Baron Hullock broadly stated it to be his opinion, that "it makes no difference whether the party be a regular or an irregular surgeon;" and he adds, as a reason—"Indeed, in remote parts of the country, many persons would be left to die, if irregular surgeons were not allowed to practise;" and he adds, "There may be cases where both regular and irregular surgeons might be liable to indictment, as there may be cases where, from the manner of the operation, malice might be inferred."

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* Rex *v.* Webb, 1 M. and R. 411.

This ruling, however, is opposed to an opinion in Lord Coke's Institutes, where it is said, "That if one who is not a regular surgeon take upon him to cure a man, and the patient die, this is felony;" which, though not literally correct, involves the principle which we have ventured to assert as the true principle of the criminal responsibility of quack doctors. As for the want of regular medical men in remote parts of the country, the surest way to exclude them is to establish a low principle of responsibility in the case of the irregular practitioners.

It is satisfactory to find more enlightened views taken in the case of Nancy Simpson, by Mr. Baron Bayley. A sailor discharged from the Liverpool Infirmary as cured, after undergoing salivation, went to the prisoner for an emetic to get the mercury out of his bones, and died from one dose of white vitriol, or corrosive sublimate, administered for this purpose by the prisoner. Mr. Baron Bayley said, "I take it to be quite clear, that if a person, not of medical education, in a case where professional aid might be obtained, undertakes to administer medicine which may have an injurious effect, and thereby occasions death, such person is guilty of manslaughter. He may have no evil intention, or may have a good one, but he has no right to hazard the consequence *in a case where medical assistance may be obtained.* If he does so, it is at his peril; it is immaterial whether the person administering the medicine prepares it, or gets it from another."

We have treated the subject of the criminal responsibility of quacks so fully, that our limits will not allow our dwelling on that of the regular practitioner; and it is scarcely desirable that we should do so, because we trust that a case can hardly happen of manslaughter by a regular practitioner; and what would be the rule of law in such a case, is sufficiently manifest in the preceding exposition relating to quack doctors.

## CIVIL RESPONSIBILITY OF MEDICAL PRACTITIONERS.

Every surgeon and every apothecary is bound to bring to his employment the ordinary skill and care of persons who are regularly educated in those professions; and for any injury which his patient suffers through his want of such skill or care, he is civilly responsible in an action, charging him either directly with the *wrong*, or in an action framed on his contract;—the former, called an action on the case; the latter, an action on promises, or of assumpsit.

But if a surgeon or apothecary acts under a physician, in a subordinate capacity, and not exercising his own judgment, he is not responsible; for, by the very terms of the case, the patient does not suffer through his want of skill or judgment, but through that of the physician.

It has never been decided, whether a physician is responsible for ignorance or negligence? That his fees are *honorary*, is the *main difference* in the consideration of a court of law between him and the surgeon.

But this is a distinction of his own seeking; the *law* does not attach it to him *in invitum*; it is one of the attributes of his *status* in society and in the profession; it is a condition belonging to that degree and rank which he prefers to the more commercial advantages of the other branches of the profession. Irresponsibility, therefore, is no inherent quality of the *status* of the physician, and we do not see how it can be inferred from the honorary nature of his remuneration; for, in the case of other employments, gratuitous agents are still responsible; and the only difference in their favour is, that the law requires a lower degree of care than from a paid agent, and applies to their conduct a less rigid rule of construction. Even to this, however, the physician seems not entitled; because he is employed, not as a gratuitous agent, but for his supposed superior education; and, consequently, though he acts gratuitously, yet, if having higher knowledge than the surgeon, he has less than the ordinary knowledge of his own branch of the profession, he would be responsible. As, however, no case has happened of an action against a physician, so we trust that these observations will for ever remain mere speculation; though we must add, that we have entire confidence in them, if an occasion arises for defining the principles of the responsibility of physicians.

It may seem strange, but such undoubtedly is the law, that for negligence or want of skill, producing that most serious of all consequences, the death of the patient, the medical attendant is under no *civil* responsibility.

Upon a comparison of civil consequences, he is safer if his patient is destroyed than if only rendered incurable. This civil irresponsibility for a wrong, which ends fatally, is consecrated in the maxim, "Actio personalis moritur cum persona;" derived, indeed, from the Roman law, where it was intelligible, and had no such absurd application; for the actio personalis was a proceeding, not for damages, like our action against a surgeon, but *in personam*, for the restitution of a slave or a child, for example, to the master or parent.

And not only is the medical practitioner under no civil responsibility for negligence which has proved *fatal*, but the death of the patient also absolves him from those wrongs for which his patient, had he lived, might have sued him; as, for example, if the patient survives the mistreatment, and has a clear (vested) right of action, but dies without bringing the action, the right dies, and his executors, or personal representatives, cannot bring the action.

Here, however, we must introduce a distinction, which, though minute, is of importance. The action dies generally with the patient; because, in general, the claim is for compensation for an injury merely to the *person*, as contradistinguished from an injury to the *goods* or *property* of the patient. But if, as also sometimes happens, some *expense* was incurred, which would not have been necessary under a proper treatment, this expense is *pecuniary* loss, and for this damage to the *estate* the executor may maintain an action; as, for example, if a bath was improperly prescribed, and was the cause of the injury to the patient, and the patient had to buy the bathing vessel, for the loss sustained by this unnecessary purchase the executor might maintain an action.

# OF THE REMUNERATION OF MEDICAL PRACTITIONERS.

## 1. PHYSICIANS.

The fees of a physician are purely honorary;* nor can a person who is a surgeon only, but assumes to act as a physician, recover his charges.†

## 2. SURGEONS.

It is an implied condition of all private employments, that the party employed is to be paid by the employer for his time, skill, care, and trouble.

On this principle the surgeon is entitled to remuneration. He may charge for medicines, for attendances, for surgical operations, subject only to the check, that if no special contract is proved he must satisfy a jury, in case his bill is contested, that his charges are reasonable.

In order to succeed in an action for his bill, it is not necessary that he should prove that he is licensed, or a member of the College of Surgeons; but as against his employer it is implied that he is so. And, indeed, according to a case to which we have more than once referred,† it would not be a defence to a surgeon's bill that the plaintiff was not licensed.

A person performing the services of a surgeon or apothecary, in the assumed or professed character of a physician, is not entitled to recover any remuneration.‡ Thus, where the plaintiff, a surgeon, wrote prescriptions, was called "Doctor," and signed himself "M. D.," he was nonsuited in an action for his work and labour as a surgeon. "If," said Lord Ellenborough, "a person pass himself off as a physician, he must take the character cum onere, when he brings an action for visits paid by him as a physician. I will give him credit for being so, and tell him he must trust to the honour of his patients. Whether the plaintiff had, or had not, a diploma when he attended the defendant, is immaterial. Whatever he was, if at that time he wrote prescriptions, and added M. D. to his name, he must be nonsuited."

As in the case of all other persons, so in that of the surgeon and apothecary, the title to remuneration rests on the supposition that the service is either such as was contracted for, or that, having been accepted, it was beneficial to the party. If, therefore, the service was performed so unskilfully as to be of no benefit, or if the medicines administered were wholly improper, the patient may defend himself on these grounds against the surgeon's bill; and the same facts, generally, will support this defence, as would give the patient an action against the medical attendant for breach of duty.

## APOTHECARIES.

The apothecary's right to recover his bill is put under somewhat stricter conditions than that of the surgeon; for of the person *employed as a surgeon* it is presumed that he *is* a surgeon; but the Apothecary's Act (55 Geo. III., c. 194. s. 21) precludes any such presumption in the apothecary's favour; and unless he proves either that he was in practice prior to or on the 1st of August 1815, or that he has a certificate from the Society, he is not allowed to recover.

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* Chorley *v.* Bolcott, 4 T. R. 317.

† Lipscombe *v.* Holmes, 2 Camp. 441.

‡ *Idem.*

An apothecary who has not a certificate may recover his bill, on proving that he was in practice *prior* to the 1st of August; though, to exempt himself from the penalty, he must prove that he was in practice *on* that day. He must also prove that, on or before that day, he was in practice *as an apothecary;* and, therefore, where the plaintiff, an uncertificated apothecary, only proved that he had attended persons in cases of diseased limbs, and supplied medicines, and effected cures, but gave no evidence of any compounding of medicines, or making up any prescription, Lord Tenterden ruled, that merely professing to cure local complaints, and practising in this manner, was not a practising as an apothecary so as to entitle him to recover.*

OF PROOF OF THE CERTIFICATE.—The usual mode in which the certificate is proved is, by calling the Secretary to the Apothecary's Company, who can usually speak to one or more of the signatures of the examiners; but proof of the signatures does not seem strictly necessary, it is sufficient to show that the certificate was issued to the plaintiff by the court of examiners.†

TO WHAT EXTENT THE APOTHECARY MAY RECOVER.—It has been said that an apothecary cannot recover for medicines and attendances too, because it would be charging twice over;‡ but Lord Tenterden allowed the whole of a bill composed of both charges to be recovered;§ and there seems no reason why it should not be so; whether the attendances are sufficiently charged for in the medicines, or the latter in the former, is a question for the jury, whose province it is to cut down the bill to what is reasonable, and not to allow a double recovery.

## OF THE RECOVERY OF THE PENALTIES.

The same penalty is recoverable under the 3 Hen. VIII., c. 11., against a person practising as physician or surgeon, as under the 14 and 15 Hen. VIII., c. 11, against those who practise as physicians; but they are recoverable by different persons: the common informer may sue in the former case, and the penalty goes half to him and half to the king; in the latter, it can only be brought by the College, either in their corporate name or in the name of their president: in both cases it may be an action of debt, and in the latter an information also, on behalf of the king and the College.

Dr. Harrison succeeded, because having incurred the penalty by practising as a surgeon, he had been sued by the College of Physicians.

A learned writer on medical law asserted in favour of the College the right of recovering the penalty against a person who practises as a surgeon without being a member of the College of Surgeons; but his argument from the *older* authorities—for he admits the recent ones are against him—is, as it seems to me, clearly untenable; for in Loughton v. Gardner, one of the cases to which he refers, it was admitted upon the record that the defendant had practised as a physician; the same observation applies to Butler's case: and the argument which he deduces from the 14 and 15 Hen. VIII., overlooks the words of the charter, which confer on the College their right of action; the charter incorporates, not the surgeons, but *medici*, the physicians; the prohibition is, *quod nemo exerceat dictam facultatem;* and then the penalty comes merely as an accessory to the prohibition: and though there still remains the argument that the physician's province extends to surgery, and therefore practising as a surgeon is a practising as a physician; yet a penal statute does not admit of such a latitude of construction; besides the argument assumes that practising as a surgeon is necessarily practising as a physician, which is not true; it confounds things certainly distinct and different, though the boundaries between them may be ill-ascertained and not easily definable.

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* Thomson *v.* Lewis, 1 M. & M. 255.

† Walmsley *v.* Abbott, 3 B. and C. 218.

‡ Towne *v.* Gresby, 3 Car and P. 581.

§ Handy *v.* Hanson, 4 Car and Pagne, 110.

## OF AGREEMENTS NOT TO PRACTISE.

It is not uncommon for the medical profession, when they sell their practice, and sometimes under other circumstances, to enter into an engagement not to practise on their own account within certain limits: such a covenant is sometimes required by employers from their assistants. A surgeon-dentist of York took an assistant for five years, subject to the right of dismissing him at any time, at three months' notice; and the assistant covenanted, under a penalty of £1000, not to practise as a surgeon-dentist within one hundred miles of York, without his employer's consent in writing; notwithstanding his covenant, he set up business for himself at Halifax, between forty and fifty miles distant from York; his employer then sued him on his covenant, but the Court held it void, as being contrary to the public interests, and not reasonably requisite for the protection of the master's interests.*

But where the assistant of a surgeon entered into a bond, restraining himself for fourteen years from practising within ten miles of his master's place of residence, the restraint was held to be reasonable.†

* Horner *v.* Graves, 5 M. and P. 768.
† Davis *v.* Mason, 5 T. R. 118.

# EPITOME OF THE PHARMACOPŒIA LONDINENSIS FOR 1836.

By W. P. Bain, m.d.

The following Epitome is intended to present, in a condensed form, all the preparations introduced in the new Pharmacopœia, marking those which are new, and some of the most important facts to be remembered by the general practitioner in compounding and prescribing. Few are as yet familiarised with the novelties it contains, and the old names are in consequence still employed in prescriptions. To remedy this, the following will prove of the greatest service, as the practitioner will be enabled to see at one glance, what hours of study at the Latin Pharmacopœia might not accomplish.

However imperfect the Pharmacopœia may be, it is still superior to any previous edition, and contains many of the improvements which have lately taken place in chemical and pharmaceutical science. The most serious drawback in its performance consists in its being written in a dead language, which, however elegant it might have been in the writings of a Celsus, as addressed to the Roman pharmacopolists under the dominion of Augustus, is perfectly unsuited to the English chemists and druggists of the present age. The affectation of using a Latin doggerel has lately been wisely abolished in the northern Universities, and it is not improbable that the next edition of the work will appear written, unpretendingly, in the language employed by those for whose use it is intended.

The compounds usually furnished by the wholesale druggist are here not particularly explained, but those which are in general prepared extemporaneously, are entered into more fully.

The new preparations are marked with a *; the new names by a †.

The pint contains 20 fluid ounces, instead of 16 as formerly.

## PREPARATIONS AND COMPOUNDS.

† *Acetum Destillatum.*—Distilled vinegar. P. L. 1824, Acid. Acet. Dilutum. Refrigerant.

† *Acidum Aceticum.*—Acetic Acid. P. L. 1824, Acidum Aceticum Fortius. Symbol $\mathrm{H^3\ C^4\ O^3}$=anhydrous acetic acid.

**Acetum Cantharidis.*—Vinegar of cantharides. (Epispastic.) Cantharides powdered, 2oz.; acetic acid, 1 pint, macerate eight days, frequently shaking; press and strain. Employed as an extemporaneous blister.

*Acetum Colchici.*—Vinegar of meadow saffron. Dose; ʒss.—ʒii. Active principle *Colchicia.*

*Acetum Scillæ.*—Vinegar of squill. Active principle scillitine. Dose; ʒss.—ʒiii.

*Acidum Benzoicum.*—Benzoic acid. The oxide of benzule; atomic weight = 122. Stimulant, expectorant. Dose; grs. ii.—ʒss.

*Acidum Citricum.*—Citric Acid. Anhydrous $\mathrm{H2\ C^4\ O^4}$. Crystals, 3 anhydrous acid; 4 water. A scruple of carbonate of potash is decomposed by ½oz. of lemon juice; by 17 grs. of citric acid.

† *Acidum Hydrochloricum.*—Hydrochloric acid. P. L. 1824, A. muriaticum. $H + Cl$. Given in malignant fevers, and dyspepsia. Dose, ♏v.—xx.

* *Acidum Hydrochloricum Dilutum.*—Diluted hydrochloric acid. Hydrochloric a., ℥iv; water, ℥xii.

* *Acidum Hydrocyanicum Dilutum.*—Diluted hydrocyanic acid. To be prepared from ferrocyanide of potassium, 2oz.; sulphuric acid, 1½oz.; distilled water, 1½pints. Or from 48½grs. of cyanide of silver; a fluid ounce of distilled water; and 39½grs. of hydrochloric acid. To be kept secluded from light. *Mr. Laming's formula.* Take of pure cyanuret of potassium, 22grs.; tartaric acid in crystals, 50grs.; distilled water, 6 fluid drams; rectified spirit, 3 fluid drams. In a phial capable of containing 11 or 12 fluid drams, dissolve the tartaric acid in the two liquids previously mixed together and cooled; then add the cyanuret of potassium, and immediately close the phial with a sound cork; after occasional agitation during ten minutes, secure the cork and set the phial aside, to allow the bitartrate of potash to precipitate, when the clear solution may be decanted for use. The uniform strength of this solution is 1gr. of anhydrous acid to 60 minims, and the medium *dose* may be 5grs. *Annals of Medicine.* The *dose* of the acid of the Phar. is 5♏. Symbol of hydrocyanic acid $H + N^2 C$. It allays irritation, vomiting and cough.

*Acidum Nitricum.*—Nitric acid. Aqua fortis $N + 5O + 3aq = N$. A. liquid.

*Acidum Nitricum Dilutum.*—Diluted nitric acid. A fluid ounce of nitric acid to 9 fluid ounces of water. Dose, ♏10—40. Antiphlogistic, expectorant; employed in secondary syphilis, and in some affections of the liver.

* *Acidum Phosphoricum Dilutum.*—Diluted phosphoric acid. $2P + 5O =$ phosphoric acid. Dose, ♏20—ʒi. Tonic, like sulphuric acid, "and is preferable to it in point of flavour." Has been used in exostosis, and some urinary concretions.

*Acidum Sulphuricum Dilutum.*—Diluted sulphuric acid. 1½ fluid ounces of sulphuric acid to 14½f.ounces of water; $S + 3O =$ dry sulphuric acid. Astringent, tonic, refrigerant; it is a valuable remedy in alkaline pyrosis (Dr. R. D. Thomson), in colliquative sweats, and hæmorrhages. Dose, ♏10—40.

*Acidum Tartaricum.*—Tartaric acid. $H^2 C^4 O^5 =$ tartaric acid; one atom of water in the crystals. A cheap substitute for citric acid.

† *Æther Sulphuricus.*—Sulphuric æther. P. L. 1824, Ætherrectificatus. $C^4 H^5 =$ ethule; of which æther is an oxide; alcohol a hydrated oxide. Stimulant, antispasmodic. Dose ʒss.—ʒii. It is employed to produce cold by evaporation.

*Oleum Æthereum.*—Æthereal oil.

*Spiritus Ætheris Nitrici.*—Spirit of nitric æther. Stimulant, diuretic. Dose, ♏10—40.

*Spiritus Ætheris Sulphurici Compositus.*—Compound spirit of sulphuric æther. Composed of sulphuric æther, rectified spirit, æthereal oil; analogous to Hoffman's *liquor anodynus mineralis.* Dose ʒss to ʒii.

ALKALIS.

* *Aconitina.*—Aconitina. The 1-20th of a grain killed a sparrow instantly; it occasions dilatation of the pupil. Has been applied in neuralgic affections: one grain being mixed with an ounce of lard.

*Liquor Ammoniæ.*—Solution of ammonia. $H_3N$ = ammonia. Stimulant, antacid. Dose, ♏10—40 in milk or water.

† *Ammoniæ Sesquicarbonas.*—Sesquicarbonate of Ammonia. P. L. 1824, Ammoniæ subcarbonas. $H^3 N + 1\frac{1}{2} \ddot{C} + \dot{H}$. Stimulant, diaphoretic, antacid, in large doses emetic. Useful in exhaustion and debility; of striking advantage in typhoid affections. Dose, grs. 5 to 20.

*Liquor Ammoniæ Acetatis.*—Solution of acetate of ammonia. Add 4¼ ounces of sesquicarbonate of ammonia, or as much as may saturate 4 pints of distilled vinegar. Dose, 4-6f.drams. Diaphoretic, diuretic.

* *Morphia.*—Discovered by Sertuerner in 1803. $C^{34} H^{18} O^6 N^1$.

* *Morphiæ Acetas.*—Acetate of morphia. 1 equivalent acetic acid; 1 morphia.

* *Morphiæ Hydrochloras.*—Hydrochlorate of morphia. 1 morphia, 1 hydrochloric acid. This is more easily crystallised than the acetate; more soluble than morphia. Dose, gr. ⅛—¼.

* *Quinæ Disulphas.*—Disulphate of quina. (Formerly sulphate of quinine,) 1 equivalent sulphuric acid, 2 quina and 8 water. It possesses all the virtues of the cinchona, unmixed with superfluous substances. Dose, grs. iii. to x. The symbol of quina is $C^{20} H^{12} O^2 N^1$.

* *Strychnia.*—Strychnia. $C^{30} H_{16} O^3 N^1$. ⅛th of a grain kills a dog, and ¼th produces a decided effect on a man. Employed in paralytic affections. Dose, gr. 1-16th to 1—8th.

* *Veratria.*—Veratria. $C^{34} H^{22} O^6 N^1$. Produces dangerous sneezing. Taken internally it excites nausea and vomiting; in small doses, gr. ⅛ to ¼, it increases all the secretions, and is employed in gout and rheumatism.

PREPARATIONS FROM ANIMALS.

* *Carbo Animalis Purificatus.*—Purified animal charcoal. From various sources, such as bone charcoal and blood charcoal.

*Cornu Ustum.*—Burnt horn. 1 equivalent of phosphoric acid, 1½ lime.

*Testæ Preparatæ.*—Prepared shells. Chiefly composed of carbonate of lime. Antacid.

AQUÆ DESTILLATÆ. Distilled waters.

*Aqua Destillata.*—Distilled water. Take of water, 10 galls.; distil and throw away the first two pints.

*Aqua Anethi.*—Dill water. Bruised dill, 1½ pounds; proof spirits, 7 fluid ounces; water, 2 galls.; distil a gallon.

*Aqua Carui.*—Carraway water.

*Aqua Fœniculi.*—Fennel water. These are prepared like dill water.

* *Aqua Florum Aurantii.*—Orange flower water. Orange flowers, 10 pounds; proof spirit, 7 fluid ounces; water, 2 galls.; distil a gallon.

*Aqua Cinnamoni.*—Cinnamon water. Cinnamon, bruised, 1½ pounds; or oil of cinnamon, 2 drs.; proof spirit, 7 f. ounces; water, 2 galls.; distil a gallon.

*Aqua Menthæ Piperitæ.*—Peppermint water.

*Aqua Menthæ Pulegii.*—Pennyroyal Water.

*Aqua Menthæ Viridis.*—Spearmint water.

*Aqua Pimentæ.*—Pimento water.

*Aqua Rosæ.*—Rose water.

*Aqua Sambuci.*—Elder water.

Several of these distilled waters may be prepared in a very short time, by carefully triturating a drachm of any distilled oil with a drachm of magnes. carb., and afterwards with 4 pints of distilled water, and then straining the water.

Cataplasmata. Cataplasms.

*Cataplasma Conii.*—Cataplasm of hemlock. Extract of hemlock, 2 oz., water, 1 pint; mix, and add bruised linseed to make it a proper consistence.

*Cataplasma Fermenti.*—Cataplasm of yeast. Flour, 1 pound; yeast of beer, ½ pint; mix.

*Cataplasma Lini.*—Cataplasm of Linseed. Boiling water, 1 pint, bruised linseed enough to make it a proper consistence.

*Cataplasma Sinapis.*—Cataplasm of mustard. Linseed and mustard seed each powdered, ½ pound; boiling vinegar, as much as is necessary.

Cerata. Cerates.

† *Ceratum.*—Cerate. P. L. 1824, Ceratum simplex. Olive oil, 4 f.oz.; wax, 4oz.

*Ceratum Calaminæ.*—Cerate of calamine.

*Ceratum Cantharidis.*—Cerate of Cantharides.

*Ceratum Cetacei.*—Cerate of spermaceti.

* *Ceratum Hydrargyri Compositum.*—Compound cerate of mercury. Stronger ointment of mercury, soap cerate, each 4 oz.; camphor 1 oz.

*Ceratum Plumbi Acetatis.*—Cerate of acetate of lead.

*Ceratum Plumbi Compositum.*—Compound cerate of lead.

*Ceratum Resinæ.*—Cerate of resin.

*Ceratum Sabinæ.*—Cerate of savine.

*Ceratum Saponis.*—Cerate of soap.

Confectiones.—Confections.

*Confectio Amygdalæ.*—Confection of Almonds.

*Confectio Aromatica.*—Aromatic confection. Stimulant. Dose, grs. xx. to ʒiss.

† *Confectio Aurantii.*—Confection of Orange. P. L. 1824, Confectio aurantiorum.

*Confectio Cassiæ.*—Confection of Cassia. Purgative. Dose, ʒii. to ℥i.

*Confectio Opii.*—Confection of opium. Narcotic. 1 gr. opium in 36.

*Confectio Piperis Nigri.*—Confection of black pepper. In piles. Dose, ʒi. to ʒii.

*Confectio Rosæ Caninæ.*—Confection of dog rose. A vehicle for pills, &c.

*Confectio Rosæ Gallicæ.*—Confection of red rose.

*Confectio Rutæ.*—Confection of Rue. Antispasmodic. In enemas only.

† *Confectio Scammonii.*—Confection of scammony. P. L. 1824, Confect. scammoneæ. Cathartic; dose, ʒss to ʒi.

*Confectio Sennæ.*—Confection of Senna. When well prepared, it is an excellent laxative in the dose of ʒii upwards; as generally sold, it contains neither senna nor cassia.

DECOCTA.—Decoctions.

*Decoctum Aloës Compositum.*—Comp. decoct. of aloes. Mildly cathartic. Dose, ℥ss to ℥i.

† *Decoctum Amyli.*—Decoct. of starch. P. L. 1824, Mucilago amyli.

† *Decoctum Cetrariæ.*—Decoct. of liverwort. P. L. 1824, Decoct. lichenis. Mucilaginous and bitter. Dose, ℥i to ℥iv.

**Decoctum Chimaphilæ.*—Decoct. of winter-green, or pyrola. 1 oz. of pyrola to 1½ pints of water; boil down to a pint. Diuretic. Dose, ℥i to ℥iss.

**Decoctum Cinchonæ Cordifoliæ.*—Decoct. of heart-leaved cinchona. Heart-leaved cinchona bruised, ʒx, distilled water, 1 pint; boil for 10 minutes, and strain while hot. Tonic. Dose, ℥i to ℥iii.

† *Decoctum Cinchonæ Lancifoliæ.*—Decoct. of lance-leaved cinchona. P. L. 1824, Decoct. cinchonæ.

**Decoctum Cinchonæ Oblongifoliæ.*—Decoct. of oblong-leaved cinchona. These are prepared like the decoct. cinch. cord. The cinchon. oblongif. differs from the two others in containing Cinchonia, $\mathrm{C}^{20}\ \mathrm{H}^{12}\ \mathrm{O}^{1}\ \mathrm{N}^{1}$, which being less powerful than quina is not separately prepared.

*Decoctum Cydoniæ.*—Decoct. of quince (seeds.)

*Decoctum Dulcamaræ.*—Decoct. of woody nightshade. Dulcamaræ, ʒx; distilled water, 1½ pints; boil to a pint, and strain. Dose, ʒiv to ℥i. Diuretic and narcotic; contains Solania.

**Decoctum Granati.*—Decoction of pomegranate. Pomegranate rind, ℥ii; distilled water, 1½ pints; boil to a pint, and strain. Astringent. In tapeworm and dysentery, ℥ss to ℥i.

*Decoctum Hordei.*—Decoct. of barley.

*Decoctum Hordei Compositum.*—Comp. decoct. of barley.

*Decoctum Malvæ Compositum.*—Comp. decoct. of mallow.

*Decoctum Papaveris.*—Decoct. of poppy. The capsules sliced ℥iv; water, 4 pints; boil for a quarter of an hour, and strain. An anodyne fomentation.

*Decoctum Quercus.*—Decoct. of oak. Oak bark, ʒx; distilled water, 2 pints; boil to a pint, and strain. As an astringent lotion.

† *Decoctum Sarzæ.*—Decoct. of sarsaparilla. P. L. 1824, Decoct. sarsaparillæ. Sarsaparilla sliced, ℥v; boiling distilled water, 4 pints; macerate for four hours, then bruise the sarsaparilla; return it to the liquor, macerate again for two hours, then boil down to two pints, and strain. Alterative. Dose, ℥iv to ℥viii.

† *Decoctum Sarzæ Compositum.*—P. L. 1824, Decoct. sarsaparillæ compositum. Decoct. sarzæ boiling, 4 pints; sassafras sliced, guaiacum wood shavings, liquorice bruised, each ʒx; mezereon, ʒiii; boil for a quarter of an hour, and strain. Diaphoretic and alterative. Dose, ℥iv to ℥vi.

**Decoctum Scoparii Compositum.*—Comp. decoct. of broom. Broom, juniper berries, dandelion, each ℥ss; distilled water, 1½ pints; boil to a pint, and strain. Diuretic. Dose, ℥i to ℥iss.

*Decoctum Senegæ.*—Decoct. of senega. Senega root, ʒx; distilled water, 2 pints; boil to a pint, and strain. Expectorant. Dose, ℥iss to ℥iii.

**Decoctum Tormentillæ.*—Decoct. of tormentil. Tormentil bruised, ℥ii; distilled water, 1½ pints; boil to a pint, and strain. Astringent and tonic. Dose, ℥i to ℥iss.

*Decoctum Ulmi.*—Decoct. of elm (bark).

* *Decoctum Uvæ Ursi.*—Decoct. of whortleberry. Uvæ ursi bruised, ℥i; distilled water, 1½ pints; boil to a pint, and strain. A bitter, and lately employed in urinary affections. Dose, ℥i to ℥ii.

*Decoctum Veratri.*—Decoct. of white hellebore. Veratri bruised, ʒx; distilled water, 2 pints; rectified spirit, ℥iii; boil the hellebore in the water down to a pint, and when it has cooled add the spirit; press and strain. Contains Veratria.

EMPLASTRA.—Plasters.

*Emplastrum Ammoniaci.*—Plaster of ammoniacum.

*Emplastrum Ammoniaci cum Hydrargyro.*—Plaster of ammoniacum with mercury. Useful in venereal nodes.

**Emplastrum Belladonæ.*—Plaster of deadly nightshade. Anodyne. Applied to the sacrum it relieves pain in dysmenorrhœa.

*Emplastrum Cantharidis.*—Plaster of cantharides.

*Emplastrum Ceræ.*—Plaster of wax.

†*Emplastrum Galbani.*—Plaster of Galbanum. P. L. 1824, Empl. galbani comp.

*Emplastrum Hydrargyri.*—Plaster of mercury.

*Emplastrum Opii.*—Plaster of opium.

†*Emplastrum Picis.*—Plaster of pitch. P.L.1824, Emplast. picis comp.

*Emplastrum Plumbi.*—Plaster of lead.

*Emplastrum Resinæ.*—Plaster of resin.

*Emplastrum Saponis.*—Plaster of soap.

ENEMATA.—Enemas.

**Enema Aloës.*—Enema of aloes. Aloes, ℈ii; carb. of potash, gr.xv.; decoction of barley, ½ pint; mix and rub them together. Stimulant in ascarides and constipation.

**Enema Colocynthidis.*—Enema of colocynth. Comp. extr. of colocynth, ℈ii; soft soap, ℥i; water, 1 pint; mix and rub them together. In constipation and colic.

*Enema Opii.*—Enema of opium. Decoct. of starch, ℥iv; tincture of opium, ♏xxx; mix. Anodyne.

**Enema Tabaci.*—Enema of tobacco. Tobacco, ʒi; boiling water, one pint. Employed in strangulated hernia.

**Enema Terebinthinæ.*—Enema of turpentine. Oil of turpentine, ℥i; yolk of egg, a sufficient quantity; rub together, and add decoct. of barley, ℥xix. In tænia, chorea, &c.

EXTRACTA.—Extracts.

*Extractum Aconiti.*—Extract of aconite. Narcotic, and contains Aconitina. Dose, half a grain to commence.

*Extractum Belladonnæ.*—Extract of deadly nightshade. Used to produce dilatation of the pupil; contains Atropia. $C^{68} H^{23} O^{12} N^{1}$.

**Extractum Colchici Cormi.*—Extract of the cormus of meadow saffron. Found useful in acute rheumatism, particularly in its earliest stage. Dose, 1 gr. every four hours.

*Extractum Conii.*—Extract of hemlock. Anodyne; contains Conia.

**Extractum Digitalis.*—Extract of fox-glove. Dose, gr.ss to gr.i. Contains Digitalia.

*Extractum Hyosciami.*—Extract of henbane. Anodyne and antispasmodic, and does not confine the bowels. Dose, gr.v to x. Contains Hyosciama.

*Extractum Lactucæ.* — Extract of lettuce. Anodyne. Dose, gr.v to x.

*Extractum Aloës Purificatum.*—Purified extract of aloes. Stomachic and purgative. Dose, gr.v to xv.

**Extractum Cinchonæ Cordifoliæ.*—Extract of heart-leaved cinchona.

†*Extractum Cinchonæ Lancifoliæ.*—Extract of lance-leaved cinchona. P. L. 1824, Extract. cinchonæ.

**Extractum Cinchonæ Oblongifoliæ.*—All these are tonic. Dose, gr. x to xxx.

**Extractum Colchici Aceticum.*—Acetic extract of meadow saffron. The acetic acid renders the colchicia which the meadow saffron contains more soluble. In rheumatism and gout. Dose, gr. i to ii.

*Extractum Colocynthidis.*—Extract of Colocynth. Contains Colocyntin. Purgative. Dose, gr. x to xxx.

*Extractum Colocynthidis Compositum.*—Comp. extract. of colocynth. Cathartic. Dose, gr. v to xxx.

*Extractum Elaterii.*—Extract of elaterium. Hydragogue. Dose, r.ss to ii.

*Extractum Gentianæ.*—Extract of gentian. Tonic. Dose, gr. x to xxx.

*Extractum Glycyrrhizæ.*—Extract of liquorice.

*Extractum Hæmatoxyli.*—Extract of logwood. Astringent. Dose, gr. x to xxx.

†*Extractum Lupuli.*—Extract of hops. P. L. 1824, Extract. humuli. Sedative. Dose, gr. v to xx.

**Extractum Pareiræ.*—Extract of Pareira. See infus. of pareira.

†*Extractum Sarzæ.*—Extract of sarsaparilla. P. L. 1824, Extractum sarsaparillæ. Alterative. Dose, gr. xx to ʒi.

*Extractum Taraxaci.*—Extract of dandelion. Aperient. Dose, gr. x to ʒi.

**Extractum Uvæ Ursi.*—Extract of whortleberry. See decoct. uvæ ursi.

*Extractum Jalapæ.*—Extract of Jalap. Purgative. Dose, gr. x to xx.

†*Extractum Opii Purificatum.*—Purified Extract of opium. P. L. 1824, Extract. opii. Anodyne. Dose, gr. i to v.

*Extractum Papaveris.*—Extract of poppy. Anodyne and narcotic. Dose, gr. ii to xx. Less apt than opium to occasion nausea, &c.

*Extractum Rhei.*—Extract of rhubarb. Purgative. Dose, gr. x to xxx.

*Extractum Stramonii.*—Extract of thorn apple. Narcotic. Dose, gr. ¾ to ii.

Infusa.—Infusions.

*Infusum Anthemidis.*—Infusion of chamomile. Chamomile, ʒv; boiling distilled water, 1 pint; macerate for ten minutes, and strain. Stomachic. Dose. ℥i to ℥ii. Emetic when drunk warm.

*Infusum Armoraciæ Compositum.*—Compound Infusion of horse-radish. Horse-radish sliced, mustard bruised, each ℥i; compound spirit of horse-radish, ℥i; boiling distilled water, 1 pint. Stimulant. Dose, ℥iss.

*Infusum Aurantii Compositum.*—Compound infusion of orange peel. Aurant. cort. sic., ℥ss; limon. cort. recent. ʒii; cloves, bruised, ʒi; boiling water, 1 pint; macerate for a quarter of an hour, and strain. Stomachic. Dose, ℥i to ℥ii.

*Infusum Calumbæ.*—Infusion of calumba. Calumba sliced, ʒv; boiling water, 1 pint; macerate for two hours, and strain. Tonic. Dose, ℥iss to ℥ii.

† *Infusum Caryophylli.*—Infusion of cloves. P. L. 1824, Infus. caryophyllorum. Cloves bruised, ʒiii; boiling water, 1 pint; macerate for two hours, and strain. Stimulant and stomachic. Dose, ℥i to ℥ii.

*Infusum Cascarillæ.*—Infusion of cascarilla. Cascarilla bruised, ℥iss; boiling water, 1 pint; macerate for two hours, and strain. Tonic. Dose, ℥iss to ℥ii.

*Infusum Catechu Compositum.*—Comp. infusion of catechu. Extr. catechu, ʒvi; cinnamon bruised, ʒi; boiling water, 1 pint; macerate for one hour, and strain. Astringent. Dose, ℥i to ℥iii.

*Infusum Cinchonæ* —Infusion of cinchona. Cinchon. lancif. bruised, ℥i; boiling water, 1 pint; macerate for six hours and strain. Tonic. Dose, ℥i to ℥iii.

*Infusum Cuspariæ.*—Infusion of cusparia. Cusparia bruised, ʒv; boiling water, 1 pint; macerate for two hours, and strain. Tonic. Dose, ℥iss to ℥ii.

*Infusum Digitalis.*—Infusion of foxglove. Foxglove leaves dried, ʒi; spirit of cinnamon, ℥i; boiling water, 1 pint; macerate the leaves in the water for four hours, and strain; then add the spirit. Diuretic. Dose, ℥ss to ℥i.

* *Infusum Diosmæ.*—Infusion of buchu. Buchu, ℥i; boiling water, 1 pint; macerate for four hours, and strain. Diuretic and tonic. Dose, ℥ii to ℥iii.

*Infusum Gentianæ Compositum.* Comp. infusion of gentian. Gentian sliced, orange-peel dried; each ʒii; lemon peel fresh, ʒiv.; boiling water, 1 pint; macerate for an hour, and strain. Stomachic. Dose, ℥ss to ℥ii.

* *Infusum Krameriæ.*—Infusion of Rhatany. Rhatany, ℥i; boiling water, 1 pint; macerate for four hours, and strain. Tonic and astringent. Dose, ℥iss to ℥ii.

*Infusum Lini Compositum.*—Comp. infusion of linseed. Linseed bruised, ʒvi ; liquorice sliced, ʒii ; boiling water, 1 pint ; macerate for four hours, and strain. Demulcent in dysuria, &c. Dose, ad libitum.

* *Infusum Lupuli.*—Infusion of hops. Hops, ʒvi ; boiling water, 1 pint ; macerate for four hours, and strain. Tonic, and slightly narcotic. Dose, ℥i to ℥iss.

* *Infusum Pareiræ.*—Infusion of pareira. Pareira, ʒvi ; boiling water, 1 pint ; macerate for two hours, and strain. In catarrhus vesicæ. Dose, ℥i to ℥iss.

*Infusum Quassiæ.*—Infusion of quassia. Quassia sliced, ℈ii ; boiling water, 1 pint; macerate for two hours, and strain. Tonic. Dose, ℥iss to ℥ii.

*Infusum Rhei.*—Infusion of rhubarb. Rhubarb sliced, ʒiii ; boiling water, 1 pint ; macerate for two hours, and strain. Tonic. Dose, ℥i to ℥iii.

*Infusum Rosæ Compositum.*—Comp. infusion of roses. Red rose petals, dried, ʒiii ; diluted sulphuric acid, ʒiss. ; sugar, ʒvi ; boiling water, 1 pint ; pour the water upon the petals in a glass vessel, then add the acid ; macerate for six hours, and strain ; then add the sugar. Astringent and refrigerant. Dose, ℥i to ℥iss.

* *Infusum Scoparii.*—Infusion of broom. Broom, ℥i ; boiling water, 1 pint ; macerate for four hours, and strain. Aperient, diuretic. Dose, ℥i to ℥ii.

*Infusum Sennæ Compositum.*—Compound infusion of senna. Senna, ʒxv ; ginger sliced, ℈iv ; boiling water, 1 pint ; macerate for an hour, and strain. Purgative. Dose, ℥iii to ℥iv. This infusion spoils quickly.

* *Infusum Serpentariæ.*—Infusion of serpentary. Serpentary, ℥ss ; boiling water, 1 pint ; macerate for four hours, and strain. Diaphoretic and tonic. Dose, ℥i to ℥ii.

† *Infusum Simarubæ.*—Infusion of simaruba. P. L. 1824, Infus. simaroubæ. Simaruba bruised, ʒiii ; boiling water, 1 pint ; macerate for two hours. Tonic. Dose, ℥ii.

* *Infusum Valerianæ.*—Infusion of valerian. Valerian, ℥ss ; boiling water, 1 pint ; macerate for half an hour, and strain. Antispasmodic. Dose, ℥iss to ℥ii.

LINIMENTA.—Liniments.

*Linimentum Aeruginis.*—Liniment of verdigris. Sometimes used as a gargle.

† *Linimentum Ammoniæ.*—Liniment of ammonia. P. L. 1824, Lin. ammoniæ Fortius.

† *Linimentum Ammoniæ Sesquicarbonatis.*—Liniment of sesquicarbonate of ammonia. P. L. 1824, Lin. ammoniæ subcarbonatis. Stimulant.

*Linimentum Camphoræ.*—Liniment of camphor.

*Linimentum Camphoræ Compositum.*—Comp. liniment of camphor.

*Linimentum Hydrargyri Compositum.*—Comp. liniment of mercury. ʒi contains gr. x of mercury.

* *Linimentum Opii.*—Liniment of opium. Lin. saponis, ℥vi ; Tinct. opii, ℥ii. Mix.

† *Linimentum Saponis.*—Liniment of soap. P. L. 1824, Lin. saponis comp.

*Linimentum Terebinthinæ.*—Liniment of turpentine.

MELLITA.—Preparations of honey.

*Mel Boracis.*—Honey of borax.

*Mel Rosæ.*—Honey of Rose.

† *Oxymel.*—Oxymel. P. L. 1824, Oxymel simplex.

*Oxymel Scillæ.*—Oxymel of squill. Emetic in large doses.

METALLICA.—Metallic preparations.

*Præparata ex Aluminio.*—Preparations of Aluminium.

*Alumen exsiccatum.*— dried alum. $\dot{\mathrm{K}}\,\dddot{\mathrm{S}} + \dot{\mathrm{Al}}\,\dddot{\mathrm{S}}^3 + \dot{\mathrm{H}}^{25}$. Astringent.

*Liquor Aluminis Compositus.*—Compound solution of Alum.

PRÆPARATA EX ANTIMONIO.—Preparations of antimony.

† *Antimonii Oxysulphuretum.*—P. L. 1824, Antimonii sulphuretum præcipitatum. $Sb^2\ S^3$. Of a bright orange colour; insoluble in water. Employed in the pil. hydrarg. chloridi comp. Emetic in large doses.

† *Antimonii Potassio-tartras.*—Potassio-tartrate of antimony. P. L. 1824, Antimonium tartarizatum. The sesquioxide of antimony, the base of this preparation is composed of 1½ equiv. oxygen, and 1 antimony. The antim. pot. tart. contains 1 equiv. potass. tart., 1 of antim. ditartras, and 3 water. It should always be purchased in crystals, so as to be free from the potass. bitart. Diaphoretic, emetic, and purgative, according to the dose. Employed in pneumonia with success.

† *Vinum Antimonii Potassio-tartratis.*—Wine of potassio-tartrate of antimony. P. L. 1824, Liquor antim. tart. ℥i contains 2grs.

† *Pulvis Antimonii Compositus.*—Compound powder of antimony. P. L , 1824, Pulvis antimonialis. Uncertain in its operation.

PRÆPARATA EX ARGENTO.—Preparations of silver.

*Argenti Nitras.*—Nitrate of silver. 1 equiv. nitric acid, 1 oxide of silver. Stimulant or escharotic, according to the quantity employed. Internally it has been used in epilepsy in the dose of ⅛ gr. increased to iii grs.

* *Liquor Argenti Nitratis.*—Solution of nitrate of silver. Nitr. silver, ʒi; distilled water, ℥i.

* *Argenti Cyanidum.*—Cyanide of silver. 1 eq. cyanogen, 1 silver. Employed for the extemporaneous preparation of hydrocyanic acid.

PRÆPARATUM EX ARSENICO.—Preparation of arsenic.

† *Liquor Potassæ Arsenitis.*—Solution of arsenite of potash. P. L. 1824, Liquor arsenicalis. Boil gr. 80 arsenious acid with the same quantity of carb. potash, in half a pint of water, in a glass vessel, till they are dissolved; add comp. spirit of lavender ʒv to the cooled liquor, and of distilled water enough to complete a pint. This is very nearly of the same strength as the old preparation. Arsenious acid is formed of 1½ eq. oxygen and 1 arsenic. Mr. Taylor, in an able paper in the Guy's Hospital Reports, No. IV., has corrected the errors which have existed regarding the solubility of this substance, and has shown that boiling water allowed to cool on this poison dissolves 1¼ grains to each ounce of water; that water *boiled for an hour* on this substance retains, after

cooling, 12 grains to the ounce; that at ordinary temperatures water takes up not more than 1 grain to the ounce. Dose of the liquor, 4 minims to 30. Tonic, and employed in intermittent diseases.

PRÆPARATA E BARIO.—Preparations of Barium.

**Barii Chloridum.*—Chloride of barium. The anhydrous chloride contains 1 eq. chlorine and 1 barium. Used principally as a reagent.

**Liquor Barii Chloridi.*—Solution of chloride of barium. Chlor. barium, ʒi; dist water, ℥i.

PRÆPARATUM E BISMUTHO.—Preparation of bismuth.

† *Bismuthi Trisnitras.*—Trisnitrate of bismuth. P. L. 1824, Bismuthi subnitras. 1 eq. nitric acid, 3 oxide of bismuth. In dyspepsia. Dose, gr. v to xv.

PRÆPARATA E CALCIO.—Prepartions of Calcium.

*Calx.*—Lime. 1 eq. oxygen, 1 calcium. Prepared by Calcining chalk.

*Liquor Calcis.*—Lime water. Lime, half a pound; water, 12 pints; add a little water to the lime; when slacked, add the remaining water, and shake them together, then cover the vessel and set it by for three hours. Keep the solution in stopped vessels. Antacid and astringent. Dose, in milk, ℥i to ℥vi.

† *Calcii Chloridum.*—Chloride of Calcium. P. L. 1824, calcis murias. 1 eq. chlorine, 1 calcium.

† *Liquor Calcii Chloridi.*—Solution of chloride of calcium. P. L. 1824, Liquor calcis muriatis. Chlor. calcium, ℥iv; water, ℥xii. Tonic, and has been employed in scrofula. Dose, 40 minims to ʒii.

* *Calx Chlorinata.*—Chlorinated lime. Is commonly called chloride of lime, and is composed of 1 eq. chlorine, 2 hydrate of lime. Emits a weak smell of chlorine; is partially soluble in water; exposed to the air or heat it is decomposed. Employed as a disinfectant.

*Creta Præparata.*—Prepared chalk. 1 eq. carbonic acid, 1 lime.

PRÆPARATA E CUPRO.—Preparations of copper.

† *Cupri Ammonio-Sulphas.*—Ammonio-sulphate of copper. P. L. 1824, Cuprum ammoniatum. Is composed of sulphate of ammonia and carbonate of copper, with sesquicarbonate of ammonia. Tonic. Dose, $\frac{1}{4}$ gr. increased to gr. v.

† *Liquor Cupri Ammonio-Sulphatis.*—Solution of ammonio-sulphate of copper. P. L. 1824, Liquor cupri ammoniati.

PRÆPARATA E FERRO.—Preparations of iron.

*Ferri Sulphas.*—Sulphate of iron. 1 eq. sulphuric a., 1 protoxide of iron, 7 water. Tonic, astringent, and emmenagogue. Dose, gr. i to vi.

† *Ferri Sesquioxydum.*—Sesquioxide of iron. P. L. 1824, Ferri subcarbonas. $1\frac{1}{2}$ eq. oxygen, 1 iron. Tonic, emmenagogue. Dose, gr. v to ʒi.

† *Tinctura Ferri Sesquichloridi.*—Tincture of sesquichloride of iron. P. L. 1824, Tinct. ferri muriatis. This sesquichloride contains $1\frac{1}{2}$ eq. chlorine, 1 iron. One of the most active preparations of iron. Tonic. ♏x to ʒi.

† *Ferri Potassio-tartras.*—Potassio-tartrate of iron. P. L. 1824, Fer-

rum tartarizatum. 1 eq. tartr. potash, 1 tartrate of sesquioxyde of iron. From its slight taste is more agreeable than other preparations of iron. Dose, gr. x to ʒss.

† *Ferri Ammonio-chloridum.*—Ammonio-chloride of iron. P. L. 1824, Ferrum ammoniatum. A mixture of sesquichloride of iron and hydrochlorate of ammonia.

† *Tinctura Ferri Ammonio-chloridi.*—Tincture of ammonio-chloride of iron. P. L. 1824, Tinct. ferri ammoniati. Tonic. Dose, ʒi to ʒii.

* *Ferri Iodidum.*—Iodide of iron. Iodine was discovered in 1812 by M. Courtois of Paris. It is very slightly soluble in water, but easily in alcohol It gives a blue colour to starch. The above is a solution of the protiodide of iron, and is composed of 1 eq. iodine, 1 iron, and 5 water. Emmenagogue, in a dose of 1 to 2 grs.

PRÆPARATA EX HYDRARGYRO.—Preparations of mercury.

*Hydrargyrum cum Creta.*—Mercury with chalk. Dose, gr. v to xxx.

† *Hydrargyri Bichloridum.*—Bichloride of mercury. P. L. 1824, Hydrargyri oxymurias. 2 eq. chlorine, 1 mercury. It has an acrid and nauseous taste, and is a violent poison. It is more soluble in alcohol and ether than in water. Used in syphilis in minute doses.

† *Liquor Hydrargyri Bichloridi.*—Solution of bichloride of mercury. P. L. 1824, Liq. hydrargyri oxymuriatis. Bichlor. mercury, hydro-chlorate of ammonia, each 10 grs.; distilled water, 1 pint. The hydrochlorate is added to assist the solubility of the bichloride. ℥i contains half a grain of bichlor. mercury.

† *Hydrargyri Chloridum.*—Chloride of mercury. P. L. 1824, Hydrargyri submurias. 1 eq. chlorine, 1 mercury. It is inodorous, insipid, and insoluble in water An alterative, antisyphilitic, sedative, purgative, &c., according to the dose, which varies from half a grain to xv.

† *Hydrargyri Ammonio-chloridum.*—Ammonio-chloride of mercury. P. L. 1824, Hydrargyrum præcipitatum album. 1 eq. binoxide of mercury, 1 eq. bichloride of mercury, 2 ammonia. Used externally.

† *Hydrargyrum Oxydum.*—Oxide of mercury. P. L. 1824, Hydrargyri oxydum cinereum. 1 eq. oxygen, 1 mercury. Colour, dark grey. Antisyphilitic. Dose, gr. i to iii.

† *Hydrargyri Binoxydum.*—Binoxyde of Mercury. P. L. 1824, Hydrargyri Oxydum rubrum. 2 eq. oxygen, 1 eq. mercury. A very active preparation, and not much employed internally.

*Hydrargyri Nitrico-oxydum.*—Nitric oxide of mercury. Composition similar to the last.

* *Hydrargyri Bicyanidum.*—Bicyanide of mercury. 2 eq. cyanogen, 1 mercury. This is a solution of the bicyanide, having a metallic taste, and is poisonous. Used in preparing hydrocyanic acid.

* *Hydrargyri Iodidum.*—Iodide of mercury. A greenish yellow powder, insoluble in water. Decomposed by light and heat. 1 eq. iodine, 1 mercury. In the form of ointment in scrofula.

* *Hydrargyri Biniodidum.*—Biniodide of mercury. Is of a colour approaching to scarlet; soluble in alcohol when heated, but not in water. 2 eq. iodine, 1 mercury. Used as the preceding.

† *Hydrargyri Bisulphuretum.*—Bisulphuret of mercury. P. L. 1824, Hydrargyri Sulphuretum rubrum. Sometimes called cinnabar, or vermilion. Composed of 2 eq. sulphur, 1 mercury. For fumigations.

† *Hydrargyri Sulphuretum cum Sulphure.*—Sulphuret of mercury with sulphur. P. L. 1824, Hydr. Sulphuretum Nigrum.

PRÆPARATA EX MAGNESIO.—Preparations of magnesium.

*Magnesia.*—1 eq. oxygen, 1 magnesium. Antacid and aperient.

† *Magnesiæ Carbonas.*—Carbonate of magnesia. P. L. 1824, Magnesiæ subcarbonas. Prepared from the sulphate of magnesia, which is composed of 1 eq. sulphuric acid, 1 magnesia, and 7 water. The carbonate contains 1 eq. carbonic a., 1 magnesia. Antacid and aperient.

PRÆPARATA E PLUMBO.—Preparations of lead.

*Plumbi Acetas.*—Acetate of lead. 1 eq. acetic a., 1 oxide of lead, 3 water. Used externally as an astringent lotion. Internally it is given, combined with opium, in pulmonary and intestinal hæmorrhage, in a dose of gr.ss. to gr. i.

† *Liquor Plumbi Diacetatis.*—Solution of diacetate of lead. P. L. 1824, Liquor plumbi subacetatis. This contains diacetate of lead, which consists of 1 eq. acetic a., 2 oxide of lead. Employed externally.

† *Liquor Plumbi Diacetatis dilutus.*—Diluted solution of diacetate of lead. P. L. 1824, Liq. plumbi subacetatis dilut. Used externally.

* *Plumbi Chloridum.*—Chloride of lead. 1 eq. chlorine, 1 lead. Used in preparing hydrochlor. morphia.

* *Plumbi Iodidum.*—Iodide of lead. Of a yellow colour, sparingly soluble in water. 1 eq. iodine, 1 lead. Used in the form of ointment.

* *Plumbi Oxydum Hydratum.*—Hydrated oxide of lead. A white powder consisting of the protoxide of lead and water. Employed in preparing the disulphate of quina.

PRÆPARATA E POTASSIO.—Preparations of potassium.

† *Potassæ Carbonas.*—Carbonate of potash. P. L. 1824, Potassæ subcarbonas. 1 eq. carbonic a., 1 eq. potash. Antacid and diuretic.

† *Liquor Potassæ Carbonatis.*—Solution of carbonate of potash. P.L. 1824, Liq. potassæ subcarb. Carb. potass. 20oz. ; water, 1 pint.

† *Potassæ Bicarbonas.*—Bicarbonate of potash. P. L. 1824, Potassæ carbonas. 2 eq. carbonic a., 1 potash, 1 water. An agreeable antacid. Dose, grs. x to xxx.

* *Liquor Potassæ Effervescens.*—Effervescing solution of potash. Bicarbonate of potash, ʒi., dist. water, 1 pint. Compress into the solution carbonic acid, which renders the medicine less disagreeable.

*Liquor Potassæ.*—Solution of Potash. Antacid, diuretic, &c. Useful in some cutaneous diseases. Dose, ♏x to ʒss, in veal broth, or table beer, which is said to disguise its nauseous taste.

† *Potassæ Hydras.*—Hydrate of potash. P. L. 1824, Potassa fusa. 1 eq. potash, 1 water. As a caustic.

*Potassa cum Calce.*—Potash with lime.

*Potassæ Acetas.*—Acetate of potash. 1 eq. acetic acid, 1 potash. Diuretic and purgative. Dose, ℈i to ʒiii.

*Potassæ Sulphas.*—Sulphate of potash, 1 eq., sulphuric a., 1 potash. Purgative. Dose, ℈i to ℥ss.

† *Potassæ Bisulphas.*—Bisulphate of potash. P. L. 1824, Potassæ supersulphas. 2 eq. sulphuric a., 1 potash, 2 water.

*Potassæ Tartras.*—Tartrate of Potash. 1 eq. tartaric a., 1 potash. A mild purgative. Dose, ʒi to ℥i.

* *Potassii Bromidum.*—Bromide of Potassium. Bromine is a reddish brown liquid, of a suffocating odour, soluble in alcohol, and sparingly in water. It is volatile, boils at 116°, is poisonous, and is tested by the yellow colour it imparts to starch. The bromide of potassium contains 1 eq. bromine, 1 potassium. Has been used in cases of enlarged spleen. Dose, 3 to 10 grs.

* *Potassii Iodidum.*—Iodide of potassium. 1 eq. iodine, 1 potassium. Used in secondary syphilis. Dose, gr. v to xx.

* *Liquor Potassii Iodidi Compositus.*—Compound solution of iodide of potassium. Iodide of potassium, gr. x; iodine, gr. v; distilled water, 1 pint. A good mode of administering iodine. Dose, ♏ v to x.

† *Potassii Sulphuretum.*—Sulphuret of potassium. P. L. 1824, Potassæ sulphuretum.

PRÆPARATA E SODIO.—Preparations of sodium.

† *Sodæ Carbonas.*—Carbonate of soda. P. L. 1824, Sodæ subcarbonas. In its crystallized state it contains 1 eq. carbonic a., 1 soda, 10 water. Milder and less nauseous than the carbonate of potash. Dose, gr. x to ʒss.

† *Sodæ Carbonas Exsiccata.*—Dried carbonate of soda. P. L. 1824, Sodæ subcarb. exsicc. This anhydrous salt contains 1 eq. carbonic acid, 1 soda.

† *Sodæ Sesquicarbonas.*– Sesquicarbonate of soda. P. L. 1824, Sodæ carbonas. 1½ eq. carbonic a., 1 soda, 2 water. Used largely in making sodaic powders.

*Sodæ Sulphas.*—Sulphate of soda. Anhydrous consists of 1 eq. sulphuric a., 1 soda. An efficient purgative. Its taste may be disguised by adding lemon-juice, or bitartrate of potash. Dose, ℥ss to ℥ii.

† *Sodæ Potassio-tartras.*—Potassio-tartrate of soda. P. L. 1824, Soda tartarizata. A double salt, containing 1 eq. tartrate of potash, 1 tartrate of soda, 8 water. A purgative in doses from ʒii to ℥i.

* *Liquor Sodæ Effervescens.*—Effervescing solution of soda. Soda water.

* *Liquor Sodæ Chlorinatæ.*—Solution of chlorinated soda. Usually called Labarraque's soda disinfecting liquid. Consists of chlorine, carbonate of soda, and water.

PRÆPARATA E ZINCO.—Preparations of Zinc.

*Zinci Sulphas.*—Sulphate of zinc. 1 eq. oxide of zinc, 1 sulphuric a., 7 water. In small doses it is a tonic; in doses of from gr. xv to xxx, it is an emetic. Externally, it is employed as an astringent lotion.

*Zinci Oxydum.*—Oxide of zinc.

*Calamina Præparata.*—Prepared calamine. A native carbonate of zinc.

MISTURÆ.—Mixtures.

† *Mistura Acaciæ.*—Mixture of acacia. P. L. 1824, Mucilago acaciæ. Powdered acacia, 10 oz.; boiling water, 1 pint.

*Mistura Ammoniaci.*—Mixture of ammoniacum. Ammoniacum, ʒv; water, 1 pint. Expectorant. Dose, ℥ss to ℥i.

† *Mistura Amygdalæ.*—Mixture of almond. P. L. 1824, Mist. amygdalarum. Confect. almond, 2½ oz.; water, 1 pint.

*Mistura Assafœtidæ.*—Mixture of assafœtida. Assaf., ʒv.; water, 1 pint.

*Mistura Camphoræ.*—Mixture of camphor.

* *Mistura Cascarillæ Composita.*—Comp. mixture of cascarilla. Infus. cascar. ℥xvii; vinegar of squill, ℥i; comp. tinct. of camphor, ℥ii. Used in chronic bronchitis. Dose, ℥i to ℥iss.

*Mistura Cretæ.*—Mixture of chalk. Prep. Chalk, ℥; sugar, ʒiii; mixture of acacia, ℥iss; cinnamon water, ℥xviii. Antacid. In diarrhœa. Dose, ℥i to ℥ii.

*Mistura Ferri Composita.* Comp. mixture of iron. Contains protocarb. of iron. in suspension. Myrrh, ʒii; carb. potash, ʒi; rose water, ʒxviii; sulphate of iron, ℈iiss; spirit of nutmeg, ℥ss; sugar, ʒii. Tonic. Dose, ℥i to ℥ii.

* *Mistura Gentianæ Composita.*—Comp. mixture of gentian. Take of comp. infus. gentian, ℥xii; comp. infus. senna, ℥vi; comp. tinct. Cardamom, ℥ii. In dyspepsia with constipation. Dose, ℥i to ℥ii.

*Mistura Guaiaci.*—Mixture of guaiacum. Resin of guaiacum, ʒiii; sugar, ℥ss; mixture of acacia, ℥ss; cinnamon water, ℥xix. Diaphoretic. Dose, ℥ss to ℥ii.

*Mistura Moschi.*—Mixture of musk. Musk, acacia, sugar, of each ʒiii; rose water, 1 pint. Antispasmodic. Dose, ℥i to ℥ii.

* *Mistura Spiritus Vini Gallici.*—Mixture of brandy. Brandy, cinnamon water, of each ℥iv; the yolks of 2 eggs; sugar, ℥ss; oil of cinnamon, 2 drops. Stimulant. In the last stages of fever, &c.

OLEA DESTILLATA.—Distilled oils.

*Oleum Anisi.*—Oil of anise.

*Oleum Anthemidis.*—Oil of Chamomile.

*Oleum Carui.*—Oil of carraway.

*Oleum Juniperi.*—Oil of juniper.

*Oleum Lavandulæ.*—Oil of lavender.

*Oleum Menthæ Piperitæ.*—Oil of peppermint.

*Oleum Menthæ Pulegii.*—Oil of pennyroyal.

*Oleum Menthæ Viridis.*—Oil of spearmint.

*Oleum Origani.*—Oil of marjoram.

*Oleum Pimentæ.*—Oil of pimenta.

*Oleum Rosmarini.*—Oil of rosemary.

* *Oleum Sambuci.*—Oil of elder flowers.

These distilled oils are sometimes called volatile, or essential oils. When adulterated with fixed oils, it may be discovered by dropping some on paper and exposing it to a moderate heat, when a stain will remain.

*Oleum Succini.*—Oil of amber.

† *Oleum Terebinthinæ Purificatum.*—Purified oil of turpentine. P. L. 1824, Ol. tereb. rectificatum.

PILULÆ.—Pills.

*Pilulæ Aloës Compositæ.*—Comp. pills of aloes. Aloes, gentian. Purgative. Dose, gr. x to xx.

*Pilulæ Aloës cum Myrrha.*—Pills of aloes with myrrh. Purgative. Dose, gr. x to xx.

*Pilulæ Cambogiæ Compositæ.*—Comp. pills of camboge. Camboge, 1 ; aloes, 1½ ; ginger, ½ ; soap, 2. Cathartic. Dose, gr. x to xx.

* *Pilulæ Conii Compositæ.*—Comp. pills of hemlock. Extract of hemlock, ʒv ; ipecacuanha, ʒi ; mixture of acacia q. s. Antispasmodic. In hooping-cough, &c. Dose, gr. v.

*Pilulæ Ferri Compositæ.*—Comp. pills of iron. Myrrh, ii ; carb. of soda, 1 ; sulphate of iron, 1 ; treacle, 1. Tonic. Dose, gr. x to xx.

*Pilulæ Galbani Compositæ.*—Comp. pills of galbanum.

*Pilulæ Hydrargyri.*—Pills of mercury. Alterative, gr. v. Purgative, gr. x to ℈ i.

† *Pilulæ Hydrargyri Chloridi Compositæ.*—Comp. pills of chloride of mercury. P. L. 1824, Pil. hydrarg. submuriatis compositæ. Plummer's pill. Dose, gr. v to x.

* *Pilulæ Hydrargyri Iodidi.*—Pills of iodide of mercury. Iodide of mercury, ʒi ; confection of dog-rose, ʒiii ; ginger, ʒi. Dose, gr. v.

* *Pilulæ Ipecacuanhæ Compositæ.* — Comp. pills of ipecacuanha. Comp. powder of ipec., ʒiii ; squill, ammoniacum, of each ʒi ; mixture of acacia, q. s. Narcotic and sudorific. Dose, gr. v, three times a day ; or gr. x, at night

* *Pilulæ Rhei Compositæ.*—Comp. pills of rhubarb. Contain aloes, rhubarb, myrrh, soap. Laxative. Dose, gr. iv to x.

*Pilulæ Sagapeni Compositæ.*—Comp. pills of sagapenum. Sagap. ℥i ; aloes, ʒss ; syrup of ginger, q. s. Laxative. Dose, gr. x.

† *Pilulæ Saponis Compositæ.*—Comp. pills of soap. P. L. 1824, Pilulæ saponis cum opio. Gr. v contains gr. i of opium.

*Pilulæ Scillæ Compositæ.*—Comp. pills of squill. Dose, gr. x to xx.

* *Pilulæ Styracis Compositæ.*—Comp. pills of storax. Gr. v contain gr. i of opium. Expectorant and anodyne.

PULVERES.—Powders.

*Pulvis Aloës Compositus.*—Comp. powder of aloes. Aloes, ℥iss; guaiacum, ℥i ; Comp. powder of cinnamon, ℥ss ; Dose, gr. x to xx.

*Pulvis Cinnamomi Compositus.*—Comp. powder of cinnamon.

*Pulvis Cretæ Compositus.*—Comp. powder of chalk. Chalk, cinnamon, tormentil, acacia, long pepper. Dose, gr. v to xxx.

*Pulvis Cretæ Compositus cum Opio.*—Comp. powder of chalk with opium. 40 grs. contain 1 gr. opium.

* *Pulvis Jalapæ Compositus.*—Comp. powder of jalap. Jalap, bitart. of potash, ginger.

*Pulvis Ipecacuanhæ Compositæ.*—Comp. powder of Ipecacuanha. Sudorific. Gr. x contain 1 gr. of opium.

*Pulvis Kino Compositus.*—Comp. powder of kino. 20 grs. contain 1 gr. of opium. Astringent.

† *Pulvis Scammonii Compositus.*—Comp. powder of scammony. Scammony, jalap, ginger. P. L. 1824, Pulv. scammoneæ comp. Cathartic. Dose, gr. v to xx.

*Pulvis Tragacanthæ Compositus.* — Compound powder of tragacanth. Demulcent. Dose, gr. x to ʒi.

Spiritus.—Spirits.

*Alcohol.*—Alcohol. $\mathrm{H}^3\,\mathrm{C}^2\,\mathrm{O}^1$. Much used in the preparation of tinctures, &c.

*Spiritus Ammoniæ.*—Spirit of ammonia. Stimulant, ʒss to ʒi. in water.

*Spiritus Ammoniæ Aromaticus.*—Aromatic spirit of ammonia. More agreeable than the last.

*Spiritus Ammoniæ Fœtidus.*—Fetid spirit of ammonia. Contains assafœtida. Stimulant, antispasmodic. Dose, ʒss upwards.

*Spiritus Anisi.*—Spirit of aniseed.

*Spiritus Armoraciæ Compositus.*—Comp. spirit of horse-radish.

*Spiritus Carui.*—Spirit of carraway.

*Spiritus Cinnamomi.* — Spirit of Cinnamon. These are generally stimulant and carminative. Dose, ʒii to ℥ss.

*Spiritus Juniperi Compositus.* Comp. spirit of juniper. Stimulant, diuretic. Dose, ʒiii to ℥i.

*Spiritus Lavandulæ.*—Spirit of lavender.

*Spiritus Menthæ Piperitæ.*—Spirit of peppermint.

*Spiritus Menthæ Viridis.*—Spirit of spearmint.

† *Spiritus Menthæ Pulegii.*—Spirit of pennyroyal. P. L. 1824, Spiritus pulegii.

*Spiritus Myristicæ.*—Spirit of nutmeg.

*Spiritus Pimentæ.*—Spirit of Pimenta.

*Spiritus Rosmarini.*—Spirit of rosemary.

Syrupi.—Syrups.

† *Syrupus.*—Syrup. P. L. 1824, Syrupus simplex. Sugar 10 pounds, water 3 pints.

*Syrupus Althææ.*—Syrup of marshmallow.

† *Syrupus Aurantii.*—Syrup of orange (peel.) P. L. 1824, Syrupus aurantiorum.

*Syrupus Croci.*—Syrup of saffron.

*Syrupus Limonum.*—Syrup of lemons.

*Syrupus Mori.*—Syrup of mulberry.

*Syrupus Papaveris.*—Syrup of poppy. Anodyne. ʒi to ℥i.

*Syrupus Rhamni.*—Syrup of buckthorn.

*Syrupus Rhœados.*—Syrup of red poppy.

*Syrupus Rosæ.*—Syrup of rose.

† *Syrupus Sarzæ.*—Syrup of sarsaparilla.

*Syrupus Sennæ.*—Syrup of senna. Purgative, ʒii to ʒvi.

*Syrupus Tolutanus.*—Syrup of tolu.

*Syrupus Zingiberis.*—Syrup of ginger.

Tincturæ.—Tinctures.

*Tinctura Aloës.*—Tincture of aloes. Dose, ℥ss to ℥iss.

*Tinctura Aloës Composita.*—Compound tincture of aloes. Purgative. Dose, ʒi to ʒii.

† *Tinctura Ammoniæ Composita.*—Compound tincture of ammonia. P. L. 1824, Spiritus ammoniæ succinatus. Stimulant. Dose, ♏v to x in water.

*Tinctura Assafœtidæ.*—Tincture of assafœtida. Stimulant. Dose, ʒss to ʒiss.

*Tinctura Aurantii.*—Tincture of orange peel. Tonic. Dose, ʒii to ʒiii.

*Tinctura Balsami Tolutani.*—Tincture of balsam of tolu.

*Tinctura Benzöini Camposita.*—Stimulant and expectorant. Dose, ʒss to ʒii.

*Tinctura Calumbæ.*—Tincture of Calumba. Tonic. Dose, ʒi to ʒiii.

† *Tinctura Camphoræ.*—Tincture of camphor. P. L. 1824, Spiritus camphoræ.

*Tinctura Camphoræ Composita.*—Comp. tincture of camphor. ℥i contains 2 grs. opium.

*Tinctura Cantharidis.*—Tincture of cantharides. Diuretic, stimulant. Dose, ♏x to ʒi.

*Tinctura Capsici.*—Tincture of capsicum.

*Tinctura Cardamomi.*—Tincture of cardamom. Stimulant. Dose, ʒi to ʒii.

*Tinctura Cardamomi Composita.*—Comp. tincture of cardamom.

*Tinctura Cascarillæ.*—Tincture of cascarilla.

*Tinctura Castorei.*—Tincture of castor.

*Tinctura Catechu.*—Tincture of catechu. Astringent. Dose, ʒi to ʒiii.

*Tinctura Cinchonæ.*—Tincture of cinchona.

*Tinctura Cinchonæ Composita.*—Comp. tincture of cinchona.

*Tinctura Cinnamomi.*—Tincture of cinnamon.

*Tinctura Cinnamomi Composita.*—Comp. tincture of cinnamon.

*Tinctura Colchici.*—Tincture of meadow saffron.

*Tinctura Colchici Composita.*—Comp. tincture of meadow saffron.

**Tinctura Conii.*—Tincture of hemlock. Narcotic and antispasmodic. Dose, ʒss to ʒi.

**Tinctura Cubebæ.*—Tincture of Cubeb. Cubebs, ʒv, rectified spirit, 2 pints, macerate for fourteen days, and strain. Stimulant. In gonorrhæa. Dose, ʒss to ʒi.

*Tinctura Digitalis.*—Tincture of foxglove. Diuretic, sedative. Dose, ♏x to XL.

**Tinctura Gallæ.*—Tincture of gall. Galls ℥v, proof spirit, 2 pints. Macerate for fourteen days, and strain. Astringent. Dose, ʒi to ʒiii.

*Tinctura Gentianæ Composita.*—Comp. tincture of gentian.

*Tinctura Guaiaci.*—Tincture of guaiacum.

† *Tinctura Guaiaci Composita.*—Comp. tincture of guaiacum. P. L. 1824, Tinct. guaiaci ammoniata. Stimulant and diaphoretic. Dose, ʒss to ʒi.

†*Tinctura Hellebori.*—Tincture of hellebore. P. L. 1824, Tinct. hellebori nigri. Emmenagogue. Dose, ʒss to ʒi.

*Tinctura Hyoscyami.*—Tincture of Henbane. Narcotic. ʒss to ʒii.

*Tinctura Jalapæ.*—Tincture of jalap. Cathartic. Dose, ʒi to ℥ss.

**Tinctura Iodinii Composita.*—Compound Tincture of iodine. Iodine, ℥i, iodide of potassium ℥ii, rectified spirit, 2 pints. Dose, ♏ x.

*Tinctura Kino.*—Tincture of kino. Astringent. Dose, ʒi to ʒii.

† *Tinctura Lavandulæ Composita.* — Comp. tincture of Lavender. P. L. 1824, Spiritus lavand. comp.

† *Tinctura Lupuli.*—Tincture of hop. P. L. 1824, Tinct. humuli. Sedative, tonic. Dose, ʒss to ʒii.

*Tinctura Myrrhæ.*—Tincture of Myrrh.

*Tinctura Opii.*—Tincture of opium. ♏ xix contain one grain of opium.

*Tinctura Rhei Composita.*—Comp. tincture of rhubarb.

*Tinctura Scillæ.*—Tincture of squill.

† *Tinctura Sennæ Composita.*—Comp. tincture of senna. P. L. 1824, Tinct. sennæ.

*Tinctura Serpentariæ.*—Tincture of serpentary.

*Tinctura Valerianæ.*—Tincture of valerian.

† *Tinctura Valerianæ Composita.*—Comp. tincture of valerian. P. L. 1824, Tinct. valer. ammoniata.

*Tinctura Zingiberis.*—Tincture of ginger.

VINA.—Wines.

*Vinum Aloës.* Wine of aloes. Stomachic and purgative. Dose, ʒi to ʒii.

*Vinum Colchici.*—Wine of meadow saffron. Diuretic, and much used in gout. Dose, ʒss to ʒi.

*Vinum Ipecacuanhæ.*—Wine of ipecacuanha. Ipecac. ℥iiss, sherry 2 pints. Macerate for fourteen days, and strain. Diaphoretic and emetic. Contains Emetina.

*Vinum Opii.*—Wine of opium. Narcotic. From its containing aromatics this preparation is less disagreeable than the tincture. Dose, ♏x to ʒi.

* *Vinum Veratri.*—Wine of white hellebore. Emetic and cathartic. Contains Veratria. Dose, ♏v to x.

UNGUENTA.—Ointments.

**Unguentum Antimonii Potassio-tartratis.*—Ointment of Potassio-tartrate of antimony. ℥i to ℥iv of lard. Produces a pustular eruption.

*Unguentum Cantharidis.*—Ointment of cantharides.

*Unguentum Cetacei.*—Ointment of spermaceti.

* *Unguentum Creasoti.*—Ointment of creosote. Creosote, ʒi lard ℥i. This substance is prepared from tar, is colourless, and boils at 397°. It is useful in some cases of vomiting. The ointment is employed in ringworm.

† *Unguentum Elemi.*—Ointment of elemi. P. L. 1824, Ung. elemi compositum.

**Unguentum Gallæ Compositum.*—Comp. ointment of galls. Galls, ʒii; lard, ℥ii; opium, ʒss.

*Unguentum Hydrargyri Fortius.*—Stronger ointment of mercury. Contains half its weight of mercury.

*Unguentum Hydrargyri Mitius.*—Milder ointment of mercury. ʒvi contain ʒi of mercury.

*Unguentum Hydrargyri Nitratis.*—Ointment of nitrate of mercury.

*Unguentum Hydrargyri Nitrico-oxydi.*—Ointment of nitric-oxide of mercury.

**Unguentum Hydrargyri Iodidi.*—Ointment of iodide of mercury. Used for dressing scrofulous sores; 9 parts contain 1 of iodide of mercury. Greenish yellow.

**Unguentum Hydrargyri Biniodidi.*—Ointment of biniodide of mercury. More active than the former; 9 parts contain 1 of biniodide of mercury. Red.

†*Unguentum Hydrargyri Ammonio-Chloridi.*—Ointment of ammonio-chloride of mercury. P. L. 1824, Ung. hydrarg. præcipitati albi.

**Unguentum Iodinæ Compositum.*—Compound ointment of iodine. Iodine, ʒss, iodide of potassium, ʒi, rectified spirit, ʒi, lard, 2oz. Used in bronchocele, &c.

*Unguentum Picis Liquidæ.*—Ointment of liquid pitch.

*Unguentum Picis Nigræ.*—Ointment of black pitch.

**Unguentum Plumbi Compositum.*—Compound ointment of lead. Chalk, 8oz., vinegar, ℥vi. plaster of lead, 3lbs, olive oil, 1 pint.

**Unguentum Plumbi Iodidi.*—Ointment of iodide of lead. Iodide of lead, 1oz., lard 8oz.

*Unguentum Sambuci.*—Ointment of elder.

*Unguentum Sulphuris.*—Ointment of sulphur.

*Unguentum Sulphuris Compositum.*—Compound ointment of sulphur. Contains sulphur, white hellebore, nitrate of potash, soft soap, lard, and oil of bergamot.

* *Unguentum Veratri.*—Ointment of white hellebore.

*Unguentum Zinci.*—Ointment of zinc. Oxide of zinc, 1oz., prepared lard, 6oz.

## MATERIA MEDICA.

The additions in the new Pharmacopœia are the following:—

Aconiti *radix*; ammoniæ liquor fortior; amygdalæ oleum; aspidium filix mas *radix*; aurantii flores; aurantii oleum; barytæ carbonas; bergamii oleum; borax; bromium; calcis hydras; carbo animalis; cetraria islandica; chimaphila corymbosa; creasoton; curcuma longa; cuminum cyminum; diosma crenata; acinula clavus (ergota;) ferri percyanidum; ficus carica; hirudo medicinalis; inula helenium; iodinium; roccella tinctoria (litmus); lobelia inflata; humulus lupulus; manganesii binoxydum; maranta arundinacea; mucuna pruriens; strychnos nux vomica; cissampelos pareira; piper cubeba; potassæ chloras; potassi ferrocyanidum; quina; helonias officinalis; sagus Rumphii (sago); cytisus scoparius; sodæ acetas; sodæ phosphas; spiritus vini gallici; vinum xericum.

## THE LIVER.

The blood which enters the liver by the hepatic artery, fulfils three functions: it nourishes the liver, it supplies the excreting ducts with mucus, and, having performed these purposes, it becomes venous, enters the branches of the portal vein, and contributes to the secretion of the bile.

The portal vein fulfils two functions; it conveys the blood from the artery, and the mixed blood to the coats of the excreting ducts.

The hepatic veins convey the blood from the lobular venous plexuses into the vena cava inferior.—*Kiernan. Phil. Trans.* 1833, vol. ii. p. 756.

# THE BRITISH MEDICAL ASSOCIATION.

By a Member.

This Association owes its formation chiefly to the following circumstances, and is another proof of the adage, "that good (sometimes) results from evil." In the autumn of 1836, the Poor-Law Amendment Act, and the plans of the Commissioners, for affording medical relief to the sick poor, came partially into operation in the metropolis and the surrounding parishes, and necessarily attracted much attention. These plans were two-fold—those adopted and acted upon, viz. the system of tender or contract for large Unions, Parishes, or Districts; and those not always acted upon, but strongly recommended to the Guardians, in the shape of what have been erroneously termed *Independent* Medical Clubs and Dispensaries. Several meetings of medical men were held at Camberwell and in Southwark, to take into consideration the principles of both plans, and their probable operation and tendency on the poor themselves, on the public at large, and on the profession generally. This is neither the time nor the place to enter upon this subject; suffice it to state, that the whole system was, after much discussion, deprecated and condemned by overwhelming majorities as unjust to the poor, injurious to the public, and derogatory to the interests and respectability of the profession.

The feeling was also imperatively forced on the minds of many gentlemen then present, that injuries and degradations could at all times be too easily imposed on medical men; and that numerous evils and grievances which it would be highly desirable to remove had already existed too long, from the apathy and culpable supineness of its members; the absence of union and cordiality among them; and the want of due attention to their general interests and government.

It was therefore determined, by a few zealous and public spirited members, to form an Association for the purposes of protecting the rights and privileges of the profession, of amending its government, and of extending its respectability and usefulness, and the public interests connected with it. In furtherance of this resolution, a dinner took place on the 27th of October, 1836, at the Bridge-house Hotel, London-Bridge, Dr. Webster of Dulwich, in the chair; at which upwards of one hundred medical gentlemen assembled, including many influential members of the profession. A full report of the speeches, and of the very interesting proceedings of this meeting, was given in the "Lancet," of the 5th of November, and the new association was very favourably noticed by all the Medical Journals, and the greater portion of the daily and weekly press. The nature and principles of the Society were set forth in the following propositions drawn up by the chairman, and adopted at the dinner:—

1st.—That the Medical Practitioners of the United Kingdom shall form themselves into an Association for the purposes of exciting and cherishing kindly and honourable feelings towards each other, and of guarding, watching over, and protecting the rights, privileges, interests, and respectability of the profession.

2nd.—That the Society shall be called "The British Medical Association."

3rd.—That those gentlemen willing to become members shall, at an early meeting, appoint proper officers: such as a President, Vice-presidents, Councillors, Secretaries, &c., and shall form a Code of Laws for the government of the Association, to be submitted to the consideration of a subsequent general meeting.

4th.—That the Association shall hold frequent meetings for the transaction of business.

5th.—That it shall oppose all unjust encroachments from without, and all dishonourable or unprofessional conduct among its members.

6th.—That it shall, by all legal means, or by application to parliament, if considered necessary, endeavour to remove professional grievances, evils, and hardships.

7th—That it shall protect its members from all illegal or unjust prosecutions.

8th.—That it shall endeavour to form a Benevolent Fund for the assistance of decayed members of the profession, and for the benefit of their widows and orphans.

9th.—That to effect these important purposes, subscriptions shall be paid by the members in such manner as shall be hereafter agreed upon, and donations requested from their friends and the profession at large, towards the Benevolent Fund.

10th.—That the Association shall endeavour to extend its expected advantages over the kingdom, by corresponding with and inviting the co-operation of their medical brethren in cities, towns, or local districts; and by recommending them to form themselves into societies, having the same or similar important ends and objects in view.

11th.—That the Association shall, by all means in its power, endeavour to promote the welfare, prosperity, and union of its own body in particular, and uphold the dignity, respectability, and usefulness of the whole profession.

12th.—That the members and their friends shall dine together at least once a year.

To carry these propositions into effect, several subsequent meetings of the promoters of the Association were held; a Provisional Council, and other officers were elected, and a code of laws was drawn up for the guidance and government of the Society. The Council then invited by public advertisement a general meeting of the profession at Exeter Hall, on the19th January, 1837, to receive a statement of their objects and intentions. Notwithstanding the very inclement state of the weather, and the universal prevalence of influenza, by which medical men were either laid up themselves, or most pressingly engaged, upwards of two hundred medical practitioners met the Council. Dr. Webster, who had been previously elected president, took the chair, and gave an excellent address, containing a clear and full statement of the objects and principles of the Association, and setting forth the *causes* of the want of union which prevailed in the profession, and its consequent distracted state. These he attributed chiefly to the arbitrary division of medical practitioners, to the differences and distinctions which existed in the various colleges and corporations, and to the governing bodies being self-elective instead of representative bodies; whereby instead of unanimity and cordiality being cultivated, jealousy, dishonourable rivalry, and bitter animosities, were continually springing up and encouraged. In concluding some observations on this state of things, the President continued—

"In making these few remarks upon the constitution of the Medical Corporations, it is very far from being intended to throw personally the slightest imputation or reflection on the many distinguished individuals who composed these bodies. They are not spoken of in their private, but in their corporate capacities; in them is only shown the natural and unfortunate effects of *irresponsible* power, and the rottenness of the whole present system of medical policy. If wise and equal laws were enacted to protect the interests and respectability of the profession; if that fostering encouragement were afforded by the government to medical science and talent, which ought to exist in a nation like this; and if there were a properly elected and *responsible* governing institution for the members to appeal to;—in other words, if what are now termed the 'three branches' of the profession were comprehended in One Faculty of Medicine, with the power of electing their own Senatus or council, we should soon have, as the legitimate consequence, a most salutary change in the aspect of medical affairs; and without this it is in vain to expect that unanimity, harmony, or a general friendly feeling can prevail. We should then see an uniform and extensive system of preliminary and professional education pursued throughout the empire, followed by theoretical, practical, and demonstrative examinations, and the conferment of a Degree or title which would be considered a licence to practise in any part of the British dominions. We should have no exclusively recognised teachers, or favourite schools of medicine, except indeed the favouritism of science, talent, and industry, in teaching. We should have the great hospitals of this country purified from the present system of misgovernment and nepotism; the election of their physicians and surgeons would be by 'concours,' or competition;—these offices would be open to the talent of the whole profession, and the establishments themselves would be so regulated as to afford the greatest possible advantages for medical instruction, compatible with their primary objects to the sick poor. We should then have the honours, dignities, and places of trust in the profession accessible to every individual member. We should see the strong arm of the law, and the still stronger arm of public opinion, restraining unqualified and illegal practitioners. We should have quackery with all its numerous ramifications disowned by the government and put down, or at least greatly diminished, and the public protected from its many baneful evils. We should have the chemist and druggist duly registered, after being examined as to his fitness for carrying on his business, without endangering the lives of his fellow-subjects, by presuming to practise and prescribe.

"The founders of this Association expressly disclaim any partial, narrow, or selfish views; they have no ends to serve for themselves alone—they are conscious of having only the welfare of their profession at heart; they wish to see it placed on the most respectable and useful footing in the eyes of the public; and they feel assured that by strenuously advocating liberal and just measures for the good of the *whole body*, the wants, interests, and respectability of each department, and of each individual, will be best promoted. They therefore hold out the hand of fellowship to other associations, of whatever name or wherever formed, whose objects are wholly or partly the same."

The President mentioned, that for the present at least, the Association would not assume a scientific or literary character, as most of its members had ample opportunities of joining other societies for such purposes; the great object being the *business* of the profession; but he particularly wished to call the attention of the meeting to two points worthy of their consideration, viz., a "Court of Honour," instituted for the members of the Association, and a Benevolent Fund for members of the profession generally, and their widows and orphans.

The Secretary then read the laws and regulations which had been drawn up by the Council for the governance of the Association, and submitted them to the consideration of the meeting.

An animated discussion followed, and a full explanation was given of the various objects of the Association by different members of the Council, (for which see the Medical Journals of January 21st and 28th, 1837,) after which the following resolution was carried almost unanimously, four gentlemen only having opposed it; viz., "That this meeting cordially approving of the objects and intentions of the British Medical Association, as explained in the President's Address, and in the Laws now read, do adopt those laws, and request that the Address from the Chair be printed."

In compliance with this resolution, the Laws and Address were accordingly published by the Council, for the use of the members and the medical public.

The grievances which had more immediately led to the formation of the Association, having chiefly affected the great mass of the profession,—the general practitioners,—it was intended, in the first instance, that they only should be members of the Association, or at least should form the officers and council, leaving the consulting practitioners, if they thought fit, to pursue a similar plan; as indeed had been done by the licentiates of the College of Physicians. As this, however, gave rise to misrepresentations, and charges of exclusiveness, which the founders of the Association had neither wished nor contemplated, the society and all its offices were at once thrown open to every member of the profession legally qualified to practise.

The first General Meeting, (which took place on the 20th of March, 1837,) was a very interesting one, and several important subjects affecting the interests of the profession were brought under discussion;—among others, the conduct of the Poor Law Commissioners towards medical men, excited much attention; and the liability of the profession to serve parochial offices and on certain juries, was brought forward and referred to the honorary solicitor.

The President, in the early part of the evening, introduced Dr. Nugent of Cork, and Mr. Phelan of Clonmel, who were visiting England as a deputation from the profession in Ireland, to endeavour to prevent the intended interference of the Poor Law Commissioners with the medical charities and the sick poor of that country. These gentlemen made several interesting statements relative to the object of their visit, and the maladministration of affairs in the Dublin Colleges of Physicians and Surgeons; after which a resolution was passed electing them corresponding members of the Association.

The First Anniversary Meeting and Festival were held at the London Coffee House, on the 30th of September last, the President occupying the chair on both occasions. Much important business was transacted. The ballot for the Council was first declared. The Report of the Council for the past year was read, giving a cheering account of the success and prosperity of the Association; stating the different objects which had engaged their attention; setting forth the grievances which chiefly affected the profession, and the remedies proposed for their removal; and concluded by recommending the Benevolent Fund to the attention of the members and their friends.

In accordance with the recommendation of the Council, a Petition to Parliament was then unanimously adopted, and numerously signed, praying for the establishment of a National Faculty of Medicine, to comprehend what are now called the three branches of the profession, and from which a Senatus, or governing body, should be periodically elected; and, farther, that a registry should be forthwith made of all the legally qualified practitioners of medicine in the United Kingdom. [The adoption of the petition was moved by Mr. Hilles, and seconded by Dr. Granville.]

A report on the Poor Law question was then read by Mr. Crisp, the secretary to the Poor Law Committee, setting forth the many evils affecting the profession, from the maladministration of the Poor Law Amendment Act. A Petition to Parliament was read, and unanimously adopted, praying for a full inquiry into the alleged grievances, and for an alteration of the present system, as alike unjust to the poor and the profession; and suggesting the appointment of a Medical Board to regulate all matters connected with the attendance on the sick poor. [Moved by Mr. Brady, seconded by Mr. Bainbridge.]

Mr. Eales brought before the Association a subject of considerable importance to the profession generally, viz. the frequent applications of life assurance offices for medical opinions as to the health of individuals, often involving questions of serious responsibility, but without offering any remuneration for such opinions. After some discussion as to the liability of the offices or the individuals for a fee, it was left to these parties to arrange the matter between them—the Association unanimously adopting a resolution, [moved by Mr. Eales, seconded by Dr. M. Hall,] to return in future all such applications, unless they contained a fee. The Auditors gave in their report of the finances of the Association, by which it appeared that the funds were amply sufficient for the current expenses, and that a balance remained in the hands of the treasurer. It was also stated that a sum had been funded as the nucleus of the Benevolent Fund.

After the transaction of other business of less importance, the meeting, which filled one of the large rooms to excess, adjourned to partake of an excellent dinner, at which many good speeches were delivered, breathing liberality and friendly feelings. The President, on giving "The British Medical Association," and the "British Medical Press," spoke at considerable length, and was followed in eloquent addresses by Professor Grant, Dr. Granville, Mr. Hilles, Dr. Harrison, Dr. Marshall Hall, Dr. Ryan, Mr. Roe, Mr. Evans, and others. For a report of the proceedings, see the *Lancet*, and Medical Journals, for October 7th, 1837.

It is impossible to contemplate the infant proceedings of this highly useful and important Association, without feelings of the deepest interest, and with the most anxious anticipations. The great question of medical reform seems at length to have found a central point where the united energies of the whole profession may be directed to bring about those changes and ameliorations so much needed in our medical laws and institutions. Already has the Association assumed a bold standing and obtained a firm footing. The numerous grievances affecting medical men have been fearlessly, but temperately brought under review; the remedies have been clearly pointed out; and it only requires a continuance of the same spirited exertions on the part of the members, and the active co-operation and assistance of their brethren, to insure the completest success to their laudable undertaking. We heartily bid them "God speed."

## ON THE NERVOUS SYSTEM;

By Marshall Hall, M.D., F.R.S., L. and E., &c., &c.

An impulse has recently been given to the researches into the anatomy, physiology and pathology of the Nervous System, which is indubitably due to the inquiries of our illustrious countryman, Sir Charles Bell.

The state of our knowledge of the nervous system, before the labours of Sir Charles Bell, may be supposed to be given in three Gulstonian lectures, published in the posthumous works of Dr. Baillie. And it will be obvious to any one who reads those lectures, that our knowledge of the nervous system has, within the space of a few years, made considerable advancement.

Galen taught that certain nerves were destined to convey sensation, and certain other nerves to be the medium of voluntary motion.* But this doctrine remained as a vague and uncertain conjecture, almost forgotten amidst the lore of medical literature, until the question was taken up in the spirit of anatomy and experiment, by the distinguished physiologist whom I have mentioned. To Sir Charles Bell the happy and brilliant idea occurred, that, as *two functions* were doubtless attached to the nerves of the extremities, and as each pair of spinal nerves had *two roots*, one of those roots might be appropriated to one of these functions, and the other to the other. Led equally by the anatomy and the physiology, Sir Charles Bell proceeded to experiment, and this experiment issued in what Professor Müller has designated, the *second* discovery in physiology.

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* See De Usu Partium; Lib. viii. cap. v. The *soft* nerves were for sensation, the *hard* nerves for motion.

Sir Charles Bell observes—"After delaying long on account of the unpleasant nature of the operation, I opened the spinal canal of a rabbit, and cut the posterior roots of the nerves of the lower extremity. The creature still crawled, but I was deterred from repeating the experiment by the protracted cruelty of the dissection. I reflected, that an experiment would be satisfactory, if done on an animal recently knocked down and insensible; that whilst I experimented on a living animal, there might be a trembling or action excited in the muscles by touching a sensitive nerve, which motion it would be difficult to distinguish from that produced more immediately through the influence of the motor nerves. A rabbit was struck behind the ear, so as to deprive it of sensibility by the concussion, and then I exposed the spinal marrow. On irritating the posterior roots of the nerve, I could perceive no motion consequent in any part of the muscular frame; but on irritating the anterior roots of the nerve, at each touch of the forceps, there was a corresponding motion of the muscles to which the nerve was distributed. Every touch of the probe, or needle, on the threads of this root, was attended with a muscular motion as distinct as the motion produced by touching the keys of a harpsichord. These experiments satisfied me that the different roots and different columns from whence those roots arose, were devoted to distinct offices, and that the notions drawn from the anatomy were correct."*

In the researches of Sir Charles Bell, a sufficient distinction is not made between *excited* and *voluntary* motion. In the experiment which I have just quoted, it was proved that the anterior roots of the spinal nerves were endowed with the power of *exciting* motion. It still remained necessary to prove whether they were also conductors of *volition*. This was first accomplished by Professor Müller. This distinguished physiologist laid bare the anterior and posterior roots of the spinal nerves, and divided them respectively in distinct experiments. The division of the anterior roots induced paralysis of the voluntary movements of the corresponding limb.† Professor Müller concludes—"These experiments leave no more doubt of the truth of the doctrine of Bell."

It had been proved, in the course of Sir Charles Bell's experiments, that whilst the anterior roots of the spinal nerves were connected with motion, the posterior roots were devoted to sensation; and that the minor portion of the trifacial nerve was similar in function to the former, and the major portion to the latter. With the anterior and posterior roots of the spinal nerves, Sir Charles Bell also associates the anterior and posterior columns of the spinal marrow.

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* On the Nervous System; 1830; p. 31.

† See the Handbuch der Physiologie, b. i. p. 267.

To this discovery Sir Charles Bell has added another view of the nervous system, in what he distinguishes as the *Respiratory System.* This consists of all the nerves concerned in the acts of respiration, including the facial, the intercostal, the diaphragmatic, the external respiratory, &c. This Sir Charles Bell supposes to be attached to a middle or respiratory column of the spinal marrow.

Sir Charles Bell has given some interesting examples of the application of his doctrines to pathology, especially to that of the trifacial and facial nerves, and the nerves which belong to the respiratory system.

No one, of any candour, can doubt that Sir Charles Bell has well merited the fame he has long enjoyed. It would be ungenerous, at the same time, to deny that the science owes much to the investigations of M. Magendie, and Mr. Mayo, but especially, of Sig. Bellingeri, whose admirable inaugural dissertation deserves a much more attentive consideration than could be given to it in this essay.

The abdominal nervous columns in the articulata have been generally regarded as analogous with the cerebro-spinal axis. Lyonet and Treviranus had partially traced the *third* column passing *over* the ganglia; but to Professor Müller is due the merit of having first traced the third column over the upper surface of the ganglia, (in the scorpion,) in the entire length of the nervous system; and to Professor Grant, that of having assigned (in his Lectures in 1832,) to this column its distinct *motor* function.

I believe I have correctly sketched the state of our knowledge of the nervous system, when I first began my own researches. Whilst engaged in an inquiry into the circulation of the blood,* I observed the phenomena of *excited motions* in the separated tail of the water eft, and of the augmented condition of the *excito-motory power*, demonstrated in this animal, under the influence of strychnine. I pursued the subject, and was led to the discovery of which I now proceed to give a brief account.

It had been observed by Haller and preceding physiologists, that if a muscular nerve was laid bare, and stimulated by a needle, the forceps, or galvanism, the muscle to which it was distributed was excited into contraction. The same phenomenon took place when the spinal marrow was stimulated, in those muscles which received nerves from a part of this organ *below* the part stimulated. This power was designated by Haller the *vis nervosa.* The same power is designated by Professor Müller, the modern Haller, the *vis motoria.* Both these physiologists consider that this power acts *only in the direction of the nervous fibres going to muscles.*

It had also been observed, by Whytt, and by Legallois, and by other physiologists, that, if a frog were decapitated, and its spinal marrow divided in the dorsal region, and if one of its posterior extremities were stimulated, *both* limbs were moved. This excited motion was ascribed by *all* who witnessed it, to *sensation and volition,*—by all with the exception of one physiologist, Sir Gilbert Blane.

In these two series of motor phenomena, it seemed that *two* principles of motion were demonstrated. And it might be remarked, that *neither* of them had any *application* to the physiology of animal life!

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* See my Essay on this subject, published in 1831.

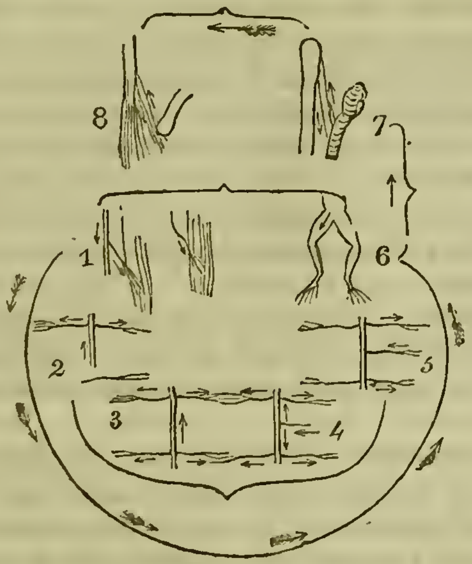
In the course of a series of experiments which I proceed to detail, I propose to show—

I. That these two motor principles are *one and the same;* and,

II. That it has an extensive *application* to the *functions* in health, and the *phenomena of disease.*

In the first of the two experiments which have been quoted—that in which motions are produced in muscles when their nerves, or the spinal marrow *above* the point of origin of these nerves, is irritated—it is plain that the motor power acts,—according to the views of Haller and Professor Müller,—in the direction of the nervous fibres going to those muscles. But in the *second* experiment—in which *one* foot of a frog, in which thespinal marrow is divided, being irritated, *both* lower extremities are excited into movement—it is plain that the motor power has acted in a *contrary* direction, in a direction upwards, or towards the spinal marrow.

In order, therefore, to prove that these two modes of action depend upon the same motor power, it was necessary to show that the view of Haller—"*causam motus a trunco nervi in ramos, non a ramis in truncum venire,*" &c ;* and the law propounded by Professor Müller, that "*the motor power acts only in the direction of the primitive nervous fibres going to muscles, or in the direction of the branches of the nerves; and never backwards,*" &c.,† were erroneous. I proceeded, consequently, to institute a series of experiments, of which I now present a detail, and of which a representation is given in the subjoined wood-cut.



The arrows point out the progress of discovery, and lead us from exp. 1, or that demonstrating the action of the *vis nervosa*, through the series, to exp. 6., or that in which one lower limb of an animal, the spinal marrow of which is divided, being irritated, the other, and indeed, both, move. These two experiments may be viewed as the *old* ones in contradistinction from those which I proceed to detail, and which are to be considered as *new*.

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* See the Elementa Physiologiæ, Lausannæ, t. iv. p. 325; and my Memoirs on the Nervous System; p. 45.

† Handbuch der Physiologie, I. p. 656; and "Memoirs," p. 45.

1. The head of the turtle being removed, to remove sensation and volition, I denuded and divided the spinal marrow in the dorsal region; I then irritated the *lower* end of the *upper* portion by a needle, the forceps, and galvanism. I produced movements in the *superior* extremities. The motor power had acted in a *retrograde* direction! This experiment is represented in figure 2.

2. In another decapitated turtle, I laid bare the spinal marrow in the dorsal region, and stimulated it as before. I produced motions in *both* the superior and the inferior fins. This experiment, represented in figure 3, *combined* the experiment of Haller and my own, and proves that it is the *same* motor power which acts in *both*.

3. Instead of denuding the spinal marrow, I now exposed a spinal intercostal nerve in the decapitated turtle, and stimulated it as I had done the spinal marrow itself in the former experiment. I produced similar movements in both the superior and inferior extremities. In this experiment the motor power again acted in a retrograde, or in an *incident* course, into the spinal marrow, and both upwards and downwards into both extremities.—(See figure 4.)

4. In the next place, instead of irritating the spinal marrow or the nerves, I irritated the *cutaneous* surface to which those nerves are distributed, in a decapitated turtle. Precisely the same phenomena ensued; both superior and inferior extremities moved. The same effects were observed when I irritated the extremities of any of the fins. But this is identical with the experiment which we have quoted from Whytt, Legallois, &c., and referred by them and all physiologists, with one exception, to sensation!—(See figures 5 and 6.)

And now, I may, I think, consider the proof of the identity of the *vis nervosa* of Haller, and of the "sensation and voluntary motion" produced by a stimulus in a decapitated frog or other animal, as complete. It remains to point out the *application* of the principle to the phenomena of the animal economy.

Figure 7 denotes an experiment in which, on the application of a stimulus to the border of the glottis in the dog, the larynx is closed. Figure 8 denotes an experiment in which, on irritating the border of the anus, the sphincter is closed. Both these phenomena are proved to depend upon the action of the spinal marrow by further experiments, in which it is shown that they cease on withdrawing or destroying that organ.

In these experiments we have, therefore, phenomena of the *vis nervosa*, or of the excito-motory power, on touching *mucous* surfaces. The experiments of Whytt, Legallois, and Blane, do not extend beyond the *similar* phenomena produced by stimuli applied to the external skin.

We now see, therefore, the application of this power to physiology. The larynx and the sphincter ani depend for their action upon it; and the statement may be generalised, so as to include *all* the *orifices* and *all* the *sphincters* of the animal frame.

But there are further applications of the excito-motory power to physiology. The acts of deglutition and of inspiration depend upon this power. The former is *excited* by the contact of the substance to be swallowed with the pharynx ; the latter, by that of the evolved carbonic acid in the air cells and bronchia. *Every* act of *ingestion*—the act of conception included—depends upon this principle. The unconscious expulsion of the fæces, and the ejaculation of the semen ; and, in a word, every act of *egestion*, also depend upon the same principle ; all these acts are possible, as long as the corresponding portions of the spinal marrow are, with their annexed nerves, perfectly entire.

By the excito-motory power the animal frame is constituted into a reservoir, the inlets and outlets of which, with the reception and expulsion of its varied contents, are entirely regulated.

I believe I may add, that all this was unknown to physiologists until the day in which I first promulgated my discovery of the reflex action of the spinal marrow. The action of the larynx and pharynx, and of the sphincters, is totally unexplained in the popular works of Dr. Bostock, of Mr. Mayo, &c., on physiology.

I must be a little more explicit in reference to the acts of *respiration.* Inspiration is readily *excited* by dashing cold water on the face, or on the abdomen. It is *first* excited in the new-born infant, by the contact of the cool atmospheric air with the general surface, as are also the acts of expulsion of the fæces and urine. But ordinary respiration is excited by the contact of evolved carbonic acid in the lungs.

These remarks lead me to observe, that *all* the acts of this system are the result of *excitation*, by stimuli applied to *nerves* which proceed to the *spinal marrow*, whence other nerves take their origin, and pursue a *reflex* course to the parts to be moved.

This *system*, of *incident nerves*, of the *true spinal marrow*, and of *reflex nerves*, is, like the agency carried on through it, new to physiology. It presides with its own power over the acts of ingestion and expulsion in the animal economy,—over the orifices and sphincters of the animal frame.

The respiratory system of Sir Charles Bell, though perfectly true, is doubly defective ; for it is only a part of a far more general system, and it is only a part even of the respiratory system. The general system, of which the respiratory is a part, is that of ingestion and egestion at large ; and the respiratory system really comprises a series of *incident excitor* nerves, as well as the respiratory of that physiologist, which are among the reflex.

Such is a brief and rapid sketch of my discovery. It would occupy too much space to point out fully its application to *pathology*. It may be said, however, comprehensively, that the excito-motory system is the seat of *the entire Class of spasmodic diseases.*

Thse diseases may have their origin in the incident nerves, in the spinal marrow—the centre of the system, or in the reflex nerves. The effects of dentition, traumatic tetanus, hydrophobia, present us with examples of the first case ; diseases of the spinal marrow itself, with examples of the second ; and spasmodic tic and torticollis of the third.

The laryngismus stridulus, spasmodic asthma, tenesmus, and strangury, are all examples of diseases *excited* through incident nerves, the spinal marrow, and reflex nerves. But I must not permit myself to prosecute this part of my subject on this occasion.

One point of great interest is that which relates to the effect of *Sleep* on the *cerebral* and on the *true spinal* systems. In fact, the former sleeps; the latter never sleeps. The levator palpebræ, a voluntary muscle, raises the eyelid in our waking hours; the orbicularis, under the influence of the true spinal system, closes the eyelids when the cerebral reposes.

During sleep sensation and volition cease; but the acts of ingestion,—respiration, and deglutition—and of the orifices and sphincters continue!

There is good reason to conclude, that the cerebrum is the seat of the ψυχη and of all the *intellectual faculties*. There is equally good reason to believe that the medulla oblongata is the seat or nervous organ of the manifestation of the *appetites* and *passions*.

In the idiot, in whom the cerebral lobes are struck with such atrophy and defective development as to annihilate every vestige of intellect, the appetites and passions are frequently not only unimpaired, but unnaturally strong: the appetite for food, sexual excitement, anger and terror, are manifested in their turns in a remarkable degree.*

The arm which is totally paralysed to volition or voluntary motion, in hemiplegia, is strongly agitated by surprise and other emotions. The seat of these emotions is, therefore, placed *lower* down in the nervous system, than the seat of volition and of the disease: the influence of volition is intercepted by that disease; whilst that of passion is manifested in the most distinct manner. The case is very different in paraplegia: here, the influence of the passions or emotion, as well as of volition, is totally cut off by the disease; that disease is, therefore, situated *below* the seats of volition and of the passions.

Have we not, in these cases, evidence of the actual seat of the passions? Is not this seat obviously placed *below* the seat of the disease in *hemiplegia*, and *above* that of the disease in *paraplegia?* and, if so, is not this seat the medulla oblongata?—the established centre and combiner of the acts of deglutition, and of respiration, acts so important in reference to the appetite for food and for air, the latter of which is affected in so extraordinary a manner in the exercise of the remaining one,—and, indeed, in all the emotions and passions.

I shall close this brief statement by the addition of a few remarks upon the *ganglionic system.*

I think that there is good reason for viewing the fifth and the posterior spinal nerves as constituting an external ganglionic system, for the nutrition, &c. of the external organs; so that I would propose to subdivide the ganglionic subdivision of the nervous system into—

| I. *The External*, comprising | II. *The Internal*, comprising |
|---|---|
| 1. *The Fifth;* | 1. *The Sympathetic;* |
| 2. *The Posterior Spinal.* | 2. *The Pneumogastric.* |

The ganglia upon the nerves were first observed to be attached to the portio major of the fifth and the posterior spinal nerves, not, as Sir Charles Bell states,* by Monro, but by Prochaska. This latter author observes, in the preface to a republication of his work in 1800 :—

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* See particularly Recherches sur l'Encéphale, par M. Lallemand; tome iii. p. 338-9.

'Hic tractatus, qui anno 1779 prodivit, plures novas observationes circa structuram systematis nervosi a me factas continet. Harum nonnullæ, quibus in textu non fuit locus, in explicatione figurarum uberius exponuntur, ad quas spectat nova arbor vitæ corporum olivarium, vid. Tab. I. Fig. 3, 4, 5 ; fasciculus funiculorum nerveorum quinti paris cerebri, qui insalutato ganglio semilunari sub eodem tertium ramum ejus nervi maxillarem inferiorem dictum petit, vid. Tab. II. Fig. 4, 5 ; sic quoque radices anteriores omnium nervorum spinalium, quæ insalutata ganglia radicum posteriorum transeunt, vid. Tab. III. Fig. 1, 2. Super eandem materiem plura præclara scripta isto tractatu serius in lucem prodivere, inter quæ præcipue *Mònroi Observations on the Structure and Functions of the Nervous System* (1783) ; *Soemmeringi Ueber das Organ der Seele, Königsberg*, 1796 ; et *Reilii Exercitationes Anatomicæ de Structura Nervorum*, 1797, adnotari merentur.'

I am not aware that any preceding inquirer has suggested the real office of the ganglia on the fifth and posterior spinal nerves.

Prochaska asks, p. 353, 'Quis rationem dabit?' . . . 'Quare radices anteriores nervorum spinalium ganglia spinalia insalutata transeant, et quare nam solæ posteriores radices ganglia spinalia tranare cogantur?' . . . 'Quare omnium cerebri nervorum solum quintum par post ortum suum more nervorum spinalium ganglion semilunare dictum facere debet, sub quo peculiaris funiculorum fasciculus ad tertium quinti paris ramum maxillarem inferiorem dictum, properat insalutato ganglio semilunari ad similitudinem radicum anteriorum nervorum spinalium?'

Soemmering has asked similar questions. Sir Charles Bell has quoted Prochaska, and Soemmering and Scarpa, in a tone of exultation ; but I confess that to me it appears that that justly celebrated physiologist has not approached any nearer to the solution of these questions than his predecessors. Sir Charles Bell has, I believe, distinctly proved the difference of function between the anterior and posterior spinal nerves, and between the respiratory and other nerves—brilliant discoveries—which will, as long as anatomical and physiological science last, perpetuate the memory of his genius ; but there is no connexion between the function of sensation and the existence of a ganglion ;† and the unequivocal sentient nerves, as the olfactory, the optic, the auditory, are without any thing very distinct of this kind.

The questions, then, still remain, why are the portio major of the fifth, especially, and of the posterior spinal nerves provided with ganglia? The reply to these questions, and the argument, may be stated thus:—

1. There is an internal nerve for formation, nutrition, secretion, &c. 2. This nerve is ganglionic. 3. There are external organs and structures requiring nutrition, &c. 4. There are also external ganglionic nerves. The inference is plain, that these constitute the external ganglionic sub-system. The fifth especially abounds with ganglia.

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* The Nervous System, 1830, Pref. p. vii, &c.

† See Swan's Comp. Anat. of the Nerves, p. 26.

It is true that the semilunar and external spinal ganglia differ in appearance from the ganglia of the sympathetic, as Sir Charles Bell has well displayed. What is the nature of this difference? To this question I find no reply in authors. It is plain, however, that the difference consists in their being, alone, *plexic*. The internal ganglionic nerve is purely nutrient: its ganglia are simple. The external involve sentient, and I believe excitor, nerves, with the nutrient; they combine, therefore, the appearances of the plexus and of the ganglion.

I must add another argument upon this point. If the sensation of the face be lost by paralysis, arising from disease of the *brain*, the eye is safe; but if the same event occur from compression or destruction of the *fifth*, *within* the cranium, by disease, or in an experiment, the eye ceases to be nourished, and becomes destroyed. In the former case the nerve of sensation merely has suffered; in the latter the nerve of nutrition, as well as sensation, has been involved in the disease or injury.

The entire nervous system has usually been divided into the cerebro-spinal and the ganglionic. This view of the subject confounds two distinct parts of the system, which it is my express object to distinguish. The *cerebro-spinal* system consists obviously, indeed, of the *cerebral*, which comprises the sentient nerves, the cerebrum, and the nerves of olition; and the *true spinal*, which consists of a series of excitor nerves, of the true spinal marrow, and a series of motor nerves. To these must now be added,—the *ex-ternal* and *internal* ganglionic system.

The whole nervous system may, therefore, be divided into

I. *The Cerebral, or the Sentient and Voluntary;*
II. *The True Spinal, or the Excitor and Motor; and*
III. *The Ganglionic, or the Nutrient, the Secretory, &c.*

My reader is thus possessed of a succinct view of my discovery of a new system of nervous acts and actions. I trust it will lead him to more extensive inquiries into this interesting subject. It is finally to

I. *The identification of the excito-motor powers;*
II. *The establishment of a distinct true spinal or excito-motory system;* and
III. *The application of this system to physiology and pathology:*

that I particularly wish to draw his attention. For further details I beg to refer him to my "Lectures," and "Memoirs" on the Nervous System.

In conclusion, I must add a

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* See my "Lectures," p. 120; 166, &c.

# TABLE OF THE NERVOUS SYSTEM, IN RELATION TO MOTION.

## *Spontaneous, and not Excito-Motory.*

I. The Functions of the Cerebrum nd of the Sentient and oluntary Nerves.

- 1. Sensation-inducing
  - Motion—through
    - 1. Volition.
    - 2. Emotion.
- 2. Volition, &c.
  - 1. Its constant,
  - 2. Its occasional, influence on the Muscular System.

*Diseased conditions.*

- 1.
  - 1. Painful Tic.
  - 2. Anæsthesia.
- 2.
  - 1. Delirium.
  - 2. Coma.
- 3. Paralysis of Voluntary Motion.

- 1. Inert in Utero.
- 2. Diminished or suspended during sleep.

## *Excito-Motory, and never Spontaneous.*

II. The Functions of the True Spinal Marrow, and of the Excitor and Motor Nerves.

Excited Motions.

The principle,—the *Vis Nervosa* of Haller,—*Electricity*?

- 1. In the Motor Nerves.
  - 1. Experiment.
  - 2. Spasmodic Tic.
  - 3. Torticollis, &c.
- 2. *Direct* in the Spinal Marrow.
  - 1. Experiment.
  - 2. The Tone of the Muscular System.
  - 3. Some Effects of the Passions.
  - 4. The Centric Diseases of the Spinal Marrow.
- 3. *Retrograde* in the Spinal Marrow.
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- 4. *Incident*, *Retrograde*, *Direct*, *Reflex*, COMBINED, in the Excitor Nerves Spinal Marrow, *and* Motor Nerves.
  - 1. Typical Experiment.
  - 2. Experiments of Redi, Whytt, Legallois, Mayo, &c.
  - 3. Physiological Phenomena.
    - 1. Of the Eye-lids.
    - 2. Of the Orifices.
      - 1. The Larynx.
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    - 3. Of the Ingestion.
      - 1. Of Food; 2. Of Air; 3. Of Semen.
    - 4. Of Exclusion.
    - 5. Of the Expulsors, or Egestion,
      - 1. Of the Fæces; 2. Of the Urine; 3. Of the Semen; 4. Of the Fœtus.
    - 6. Of the Sphincters.
  - 4. Eccentric Diseases of the Spinal Marrow.
    - 1. Irritation in Infants.
      - 1. Of Dental........
      - 2. Of Gastric........
      - 3. Of Intestinal ....
    - 2. Irritation in Adults.
      - 1. Of Gastric........
      - 2. Of Intestinal ...
      - 3. Of Uterine.......
    - 3. Traumatic Tetanus,
    - 4. Hydrophobia, &c.
    - 5. Effects of some medicines, as
      - 1. Strychnine.
      - 2. Hydrocyanic Acid.

- 1. Active in Utero.
- 2. Active during sleep.

## *Unattended by obvious Motions.*

III. he Functions of the Ganglionic System.

- 1. Formation.
- 2. Nutrition.
- 3. Secretion.

*Diseased conditions.*

- 1. Augmentation.
- 2. Diminution.
- 3. Derangement.
- 4. Paralysis.

- 1. Active in Utero.
- 2. Active during sleep.

# PRACTICAL REMARKS ON POISONS.

By R. D. Thomson, M.D.,

*Physician to the Free Dispensary and Institution for Diseases of the Skin, Blenheim-street; and Lecturer on Chemistry in the Blenheim-street Medical School.*

When a medical man is called to see a patient who is suspected to have taken poison, or who complains of some sudden local pain of an irritating character, or is seized with some violent spasm or convulsion, his object should be first to make inquiries as to the probability of poison having been swallowed, and if the symptoms do not become mitigated, to form an immediate diagnosis. In preparing himself for this duty, it is necessary that he should be acquainted with the action of poisons in respect to the various structures which they attack, and to those parts of the body where the violence of their action elicits the most remarkable symptoms. The following observations are intended to simplify the subject, and to guide the practitioner by an attempt at a practical arrangement of poisons. When we analyse the symptoms produced by the action of poisons, we find that for practical purposes they may be divided into, 1. *Local Symptoms.*—Such as those produced by corrosive substances—acids, caustics, &c.; the poisons which produce these symptoms have usually been termed irritants, and constitute in toxicological works a large division of the subject of poisons. 2. *Spasmodic Symptoms.*—Where the action of the poison, although frequently exhibiting itself locally, extends generally to the nerves and muscles, and occasions violent spasms or convulsions, as strychnin, camphor, &c. 3. *Narcotic Symptoms.*—Where insensibility gradually supervenes after the poison has been received into the system, without any particular local or general derangement, as from the action of opium and other narcotics. 4. *Antispasmodic or paralytic Symptoms,*—as exemplified by the action of lead and manganese. In taking up each of these divisions *seriatim*, we shall merely dwell upon those points which concern the practitioner, omitting toxicological tests, a subject of too intricate and chemical a nature for any but a practical chemist to engage in, at least when the life of a fellow-creature is concerned. This investigation should be confided, as it is on the continent, to the care of experienced chemists. But with the symptoms produced by the agency of the various common poisons, and with the mode of relieving those symptoms, it is not only proper, but it is the duty of every medical man to make himself acquainted, and to have them so fixed in his memory that he may be enabled to apply his knowledge according to the exigency of the case.

## I. POISONS PRODUCING LOCAL SYMPTOMS IN THE ALIMENTARY CANAL.—IRRITANT POISONS. These are :—

MINERAL, OR INORGANIC.

1 Chlorine
2 Hydrochloric acid, Nitric Acid, Sulphuric Acid
3 Iodine, and Hydriodate of Potash
4 Phosphorus
5 Arsenic

| MINERAL, OR INORGANIC. | VEGETABLE, OR ORGANIC. |
|---|---|
| 6 Potash, Soda, Alkaline Carbonates | Castor Oil |
| | Jatropha |
| 7 Nitrate of Potash | Jalap |
| 8 Lime | Savin |
| 9 Mercury | Colocynth, Elaterium |
| 10 Bismuth, Tin, Gold, Silver, Zinc, Antimony | Mezereon, Aloes |
| | Euphorbium |
| | Bryony |

1. CHLORINE GAS.—*Symptoms.* In consequence of the great practical importance of this gas in the arts, it is not improbable that cases might occur where injurious effects may be produced upon workmen by its inspiration. The first symptom produced when chlorine is introduced into the trachea is a feeling of roughness and constriction, which pervades the mucous membrane; coughing then supervenes, which is not accompanied by expectoration, if the lungs have been previously in a healthy condition. The glottis is more particularly the seat of the uneasy feeling of roughness and tickling; the chest experiences a sensation of oppression, and if the quantity inspired be considerable, the coughing continues for a long time, and the debility of body, at first progressing slowly, becomes in the end very great. I have seen a person, who had been employed in washing out bottles of chlorine over a water-trough, become so exceedingly exhausted as to be in a partial state of stupor, and to require several hours to walk the distance of a mile; the languor and total failure of strength and energy is so great, that it becomes almost impossible in some cases for the person even to walk. When given as an expectorant, therefore, great caution should be employed in its administration. *Treatment.* The object in the treatment is to neutralise the chlorine; this can be best effected by means of ammonia: all that is necessary is to breathe over caustic ammonia, or to inhale the odour of volatile carbonate of ammonia,—the consequence will be the formation of muriate of ammonia, which will not produce any deleterious effects upon the lungs. If chlorine water has been swallowed, a few drops of ammonia, in water, should be administered.

2. MINERAL ACIDS. *Hydrochloric*, *nitric* and *sulphuric* acids.—*Symptoms.* When any of these acids is swallowed, a sense of violent heat is experienced along the œsophagus, and in the stomach, and then the symptoms of gastrodynia, or heartburn, appear; these increase in violence, accompanied with eructations, produced by the gases from the decomposition of the coats of the stomach; the matter vomited effervesces when it falls on the mortar of the floor, or when mixed with alkaline, carbonates, or limestone; the pain in the stomach becomes excruciating, the lips shrivel, the teeth become loose and yellow; great difficulty of swallowing is experienced, the pulse is weak and intermitting. *Treatment.* The action of these acids should be arrested by means of alkalis. Carbonates of soda or potash may be administered, in solution, or if these are not at hand, mortar or chalk may be diffused in water, and poured down or injected into the œsophagus. As great difficulty may be expe-

rienced in getting the patient to swallow, if the corrosion at the upper part of the gullet should have made considerable progress, anodynes and emollients should then be administered.

3. Iodine and hydriodate of potash.—*Symptoms.* These substances are not likely to cause deleterious effects, except in the form of over-doses of medicines, and therefore the practitioner will always be able to ascertain if they have been administered. Great pain and irritation is experienced in the stomach, vomiting supervenes, and when the quantity taken has been considerable, bloody diarrhœa occurs. The urine will probably exhibit the presence of iodine, when a solution of starch is added to it. *Treatment.* We are unacquainted with any antidote to iodine. Starch, which is a very delicate test for detecting its presence, forms a compound, whose action upon the animal economy has not been examined.

4. Phosphorus.—When this substance is swallowed, the symptoms are confined principally to the stomach, but so few cases have occurred, that they have not been well defined. The best antidotes are oils and ether.

5. Arsenious acid.—*Symptoms.* In the course of about half an hour after the poison has been swallowed, the patient is seized with sickness and great faintness; the stomach is affected with severe pain, which is increased by pressure; then follow vomiting, diarrhœa, and tenesmus. After these inflammatory symptoms have lasted for some time, spasms come on, the pulse sinks, delirium occasionally appears, and death takes place. If a white powder be observed in the matter vomited, a portion of it may be exposed to heat on the point of a knife; if it emit the odour of garlic, the probability is that it is arsenic. The mere occurrence of a powder does not necessarily imply the presence of poison; for I have seen oatmeal in the stomach of a person who had died suddenly, and had been exhumed on suspicion of having been poisoned, mistaken for arsenic; and therefore, if a powder occurs, it should be examined before any definite conclusion is drawn, unless for the benefit of the patient. Other symptoms distinguish the action of arsenic. *Treatment.* The first object is to accomplish the removal of the poison from the stomach; beyond which it must take a very considerable time to pass, in consequence of its great insolubility. If vomiting does not occur spontaneously, it should be excited by means of sulphates of zinc or copper, and copious libations of milk introduced into the stomach; the milk suspends the arsenious acid, and hinders it from acting on the coats of the stomach, and at the same time prevents the agony of dry vomiting. Gruel and barley water may be substituted for milk. This is merely to be the preliminary step while the following antidote is preparing:—Take a quantity of sulphate of iron, or green vitriol, dissolve it in water, and add a few drops of nitric acid, boil the mixture for a few minutes, and then add to it a solution of carbonate of soda; a bulky green precipitate immediately subsides; this is to be thrown on a filter, and washed with a little hot water; it is then to be diffused in water, and swallowed by the patient. The hydrous peroxide of iron combines with the arsenious acid, and forms a compound which is inocuous. For the discovery of this important antidote the profession is indebted

to Dr. Bunsen, of Göttingen, and in fact it is the only antidote for arsenic with which we are acquainted. If sulphate of iron cannot be obtained, a substitute might be procured by boiling iron filings in a flask or pot with nitric acid, until a considerable portion is dissolved; the solution should then be precipitated by carbonate of soda as before. From the experiments of Dr. Bunsen upon dogs, it would appear that the administration of this antidote is quite effectual; if the poison has not remained too long in contact with the coats of the stomach, when it becomes embedded in the mucus, and probably enters into a partial combination with the animal matter.

6. Potash, Soda, Alkaline Carbonates.—*Symptoms.* Violent pain in the region of the stomach; a burning pain along the internal surface of the œsophagus, vomiting, debility, slight spasms, hiccup, colic. *Treatment.* The alkalis should be immediately neutralised by means of vinegar or dilute acetic acid; oil has been recommended, but it is difficult to understand how oil, which usually requires heat and time to combine with alkalis, should be preferable to a weak acid whose action is instantaneous.

7. Nitrate of Potash.—*Symptoms.* In doses of an ounce, pains of the stomach are experienced, dysentery supervenes, and death takes place, preceded by spasms. *Treatment.* We are not acquainted with any means of decomposing this salt in the stomach, and from its great solubility it will be impossible to arrest its action by any mechanical method. Anodynes may be administered with some benefit.

8. Lime.—*Symptoms.* Burning pain in the mouth and abdomen, thirst, and sometimes vomiting. *Treatment.* Acetic acid or vinegar; dilute mineral acids.

9. Mercury.—*Symptoms.* When corrosive sublimate has been swallowed, the effects which follow are very similar to those of arsenic, but it differs in having a very disagreeable taste, of which arsenic is quite destitute,—in producing an immediate irritation of the throat; the stomach is the seat of a burning pain; nausea and vomiting occur, then diarrhœa, small pulse, general debility, cold sweats, cramps of the extremities, general insensibility, convulsions, death. *Treatment.* The best antidote is albumen. The whites of a number of eggs should be beat up with water, and administered until the symptoms are mitigated. M. Taddei has recommended a *powder*, consisting of 5 parts of fresh gluten and 10 parts of soft soap, dried and ready for use. When triturated with water it forms a glutinous emulsion, which acts as an antidote to most mercurial preparations. Milk may be employed when the preceding cannot be obtained; iron filings have also been employed successfully.

10. Bismuth, Gold, Tin, and Silver, act by corroding the surfaces to which they are applied, that is, by forming compounds with the animal matter. The symptoms must therefore be local, exhibiting themselves in the form of pain in the region of the stomach and intestinal canal, and increasing to spasms or convulsions, according to the severity of the dose. They are not likely to occur as poisons. The silver may be decomposed by common salt. Should sulphate or other salts of

zinc be taken in an over-dose, the carbonate of soda, or ammonia, will act as an antidote.

11. Antimony.—*Symptoms.* Vomiting, burning pain in the pit of the stomach, purging, colic pains, sense of tightness in the throat, violent cramps, delirium. *Treatment.* Encourage vomiting. A vegetable decoction should then be administered; as for example, decoction of bark, or bark in powder. Opium has been given with advantage after vomiting has ceased.

12. Organic Irritants.—The action of all vegetable and mineral purgatives depends upon their locally poisonous or irritating properties; when this action is restrained within proper bounds, a cathartic effect is the consequence; when it is pushed too far, the local irritation is so great that inflammation takes place; diarrhœa and dysentery follow, with faintness, convulsions, and death. The only treatment in these cases, is to employ mucilaginous and emollient drinks, and to have recourse to local bleeding if the irritation should warrant its application.

### II. Poisons Producing Local and Spasmodic Symptoms.

1 Carbonic Acid
2 Ammonia
3 Cyanogen, Hydrocyanic Acid
4 Oxalic Acid
5 Acetic Acid
6 Sulphuretted Hydrogen
7 Barytes and Strontian
8 Copper
9 Strychnin
10 Camphor
11 Cocculus Indicus
12 Coriaria
13 Poisonous Fungi
14 Cantharides

1. Carbonic Acid.—*Symptoms.* The action of this gas, which is experienced in coal pits and mines of different kinds, is to irritate the nostrils and fauces so strongly as to cause the glottis to close spasmodically, and to prevent respiration of any kind from taking place. When it is disengaged in coal mines in particular situations, the workmen can only remain for a limited period; they are obliged to respire pure air at intervals; if they continue longer they are affected with weakness, giddiness, and a feeling of oppression over the head. When a bird is plunged into this gas it gasps, and its neck is thrown into convulsions, or at least moves to and fro, in a very remarkable manner. *Treatment.* The medical practitioner should inquire where the patient has been working; if it has been in a coal mine, or in the hold of a ship, it may be concluded that carbonic acid is the cause of symptoms similar to those described. The gas is liable to accumulate also in the excavations of limestone rocks, and in low valleys belonging to the same formation. The Grotto di Cane, and the celebrated Upas valley, in Java, owe their celebrity to the presence of this gas. The guides at the former locality are in the habit of exhibiting experiments on dogs, and of preventing them from suffering permanently, by an antidote, as appears from the following passage, extracted from "*Lithgow's Nineteen Years Travels*" in 1609.

Describing the occurrences at the Grotto di Cane, he says:—"The dog-keeper, for an easie composition, made triall of his dog; and having tyed a string to his hinder leg, he cast the dog scarce half way in the cave, where immediately his tongue hanging out, he fell downe dead.

And forthwith his master repulling him back cast him in the lake, powring in water in his ears, but hee could never recover his life. Whereupon the poor man cryed out, 'Alas I am undone, what shall I doe, the dog that won my daily food is dead.'" It was obvious from this detail, that the method which the dog-keepers found most effectual in recovering their dogs from such accidents, was the administration of the cold affusion, or rather, the cold immersion. I have accordingly put this suggestion to the test of experiment, and have succeeded in perfectly recovering birds after immersion in carbonic acid, and when they were convulsed and apparently at the point of death, by plunging them once or twice into cold water. From this I am inclined to think that carbonic acid is not a poisonous gas, but acts by producing asphyxia. Bleeding has been generally recommended when the injurious effects of carbonic acid have been experienced, and as it has been strongly advised it should not be neglected, *but* the cold immersion should never be forgotten.

2. Ammonia.—*Symptoms.* When Ammonia or its carbonate is introduced into the system, severe pain of the throat and chest is experienced, with a degree of suffocation or insensibility, from the violence of the stimulation, and when the dose is considerable, convulsions are produced. *Treatment.* Muriatic Acid in a dilute state, should be swallowed when the ammonia has been introduced into the stomach, and the fumes of the acid should be inhaled when the ammonia is acting deleteriously by its contact with the lungs.

3. Cyanogen, Hydrocyanic Acid.—*Symptoms.* According to the researches of Wöhler and Liebig, bitter almonds when distilled, are decomposed into an essential oil and prussic acid; prussic acid, however, does not exist either in almonds or laurel; but its basis, amygdalin, does, the oil and the prussic acid being formed by decomposition; this action appears to be readily excited by many agents; bitter almonds prove fatal when taken to a considerable extent, and therefore during digestion prussic acid would appear to be evolved. When a small dose of prussic acid has been taken, the symptoms are merely giddiness, slow pulse, and other symptoms of weakness. When the dose has been larger, however, these appearances are aggravated, and convulsions occur, which draw the head backwards; death then takes place without any other remarkable symptoms. *Treatment.* When prussic acid has been inhaled into the lungs or nostrils during distillation, or on smelling a strong solution, which is sometimes overpowering, ammonia should be immediately inhaled. Allow the person to smell liquor ammoniæ. If it has been taken internally, ammonia should be swallowed, diluted with water; when the symptoms come on gradually from the operation of a medium quantity, the cold affusion has been found very beneficial.—(Edin. Med. and Surg. Journal, July 1837.) I have observed that the loss of blood greatly relieves the spasmodic symptoms. In a rabbit, whose carotid artery had been cut across and tied with a ligature, half a drachm of prussic acid of 2½ per cent., was inserted into an incision on the back; in about half a minute convulsions came on, and by their violence the ligature was forcibly removed; hæmorrhage of course took place, and the spasms immediately subsided; the death of the animal, which en-

sued, appeared to be occasioned rather by the loss of blood than by the action of the acid.

4. Oxalic Acid.—*Symptoms.* When the dose is concentrated, great pain is experienced in the stomach, and great debility of body with languor; and death takes place without spasms; but when the dose is more diluted, the pulse is low, the pain at the stomach either inconsiderable or absent; spasms at the chest come on; tetanus supervenes, and death seems to take place as if by suffocation. Vomiting generally accompanies the first attacks of pains in the stomach: the pain is of a burning nature. *Treatment.* The object is to neutralise the oxalic acid. This is best effected by means of lime; and this earth, in a state of solution, is to be preferred. Muriate of lime, if it can be had, should be administered in a dilute state; or acetate of lime; or lime water, which is more accessible. In the absence of these, magnesia or chalk suspended in water, by trituration, in a mortar, or by stirring with a rod, should be resorted to. As the action of the poison is very rapid, the practitioner cannot be too alert in the exhibition of the antidotes.

5. Acetic Acid.—*Symptoms.* Pain in the stomach, vomiting, prostration of strength, convulsions, insensibility, death. *Treatment.* Neutralisation of the acid by carbonate of soda, or potash, lime, or other alkali.

6. Sulphuretted Hydrogen.—*Symptoms.* This gas is exhaled from putrid vegetable and animal matter; and hence accidents may occur to workmen in common sewers, tunnels, &c. It is one of the most deleterious gases to animal life with which we are acquainted. When in a dilute state, it affects persons by producing speedily coma and convulsions, resembling those of tetanus, which extend to the trunk and extremities. When a bird is plunged into this gas, the chief symptoms are, convulsive efforts to breathe, retraction of the head, and rapid death. *Treatment.* Cold immersion, introduction of air into the lungs, respiration over a vessel filled with chloride of lime, and drinking chlorine water, free exposure to the air.

7. Barytes and Strontian.—*Symptoms.* Burning sensation at the stomach, vomiting, convulsions, headach, deafness, death. *Treatment.* Dilute sulphuric acid; sulphates of soda, potash, magnesia, and other sulphates.

8. Copper.—*Symptoms.* Pain in the stomach, coma, convulsions, tetanus, or great rigidity of muscles. *Treatment.* Sugar, albumen and iron filings, alkaline carbonates, ferrocyanate of potash.

9. Strychnin.—*Symptoms.* The effects produced in a young girl by a pennyworth of nux vomica, in which strychnin is the active ingredient, as described by a nurse who saw her, were as follow:—She saw her seated in a chair, and said to her, "Why, Sarah, you appear drowsy." She answered, "I am;" then got up, and said, "Oh dear, how ill I am; I have taken poison." Afterwards she fell on the floor, struggled violently,—dreadfully,—was placed on the bed, threw up a large quantity of blood." Afterwards she became very quiet and still; the violent struggles were over; and then she emitted a deep sigh, which was her last. (*British Annals of Medicine*, vol. i. p.

105.) *Treatment.* It is always proper that the poison should be expelled from the stomach; this may be done, either by the stomach-pump, or by emetics. Orfila recommends the inflation of the lungs to prevent asphyxia. Donné has ascertained that in dogs the tincture of iodine, when administered in time, never fails to overcome the action of strichnin. Tincture of nut-galls has also been recommended; and M. Guimont has seen nut-galls in powder milk and sugar cure a dog poisoned with nux vomica.

10. CAMPHOR.—*Symptoms.* A sensation of heat in the stomach, sweat, delirium, convulsions, coma. *Treatment.* Emetics.

11. COCCULUS INDICUS.—*Symptoms.* Low pulse, convulsions, insensibility. *Treatment.*—Emetics. Hahnemann recommends camphor as the proper antidote.

12. CORIARIA.—*Symptoms.* This substance is liable to be mistaken for senna. It produces violent fits of tetanus and apoplectic coma. *Treatment.* Emetics.

13. POISONOUS FUNGI.—*Symptoms.* Burning thirst, pain in the alimentary canal, sense of suffocation, prostration of strength, nausea, vomiting, and low pulse; tenesmus, profuse perspiration, diarrhœa, convulsive trembling, delirium, death. *Treatment.* Emetics, demulcents, oils. Acids should be carefully withheld.

14. CANTHARIDES.—*Symptoms.* Nausea, vomiting, copious alvine evacuations, often bloody; epigastralgia, colic, pains in the hypochondria, heat in the bladder, bloody urine, priapism, pulse frequent and hard, frightful convulsions, tetanus, death. *Treatment.* Emetics, milk, mucilaginous drinks, emulsions. Groenevelt has recommended camphor to relieve the dysury and priapism.

III. POISONS PRODUCING NARCOTIC SYMPTOMS.

Opium, Hyosciamus, Conium, Veratrium, Solanum, Lactuca, Belladonna, Aconitum, Cicuta, Datura, Nicotiana, Colchicum, Digitalis, Ipecacuan, Alkaline sulphurets, Alcohol, Carbonic oxide, Carburetted hydrogen, Hydrocyanic acid.

OPIUM. — *Symptoms.* Giddiness, stupor, nausea, vertigo, dilated and then contracted pupils, convulsions, delirium. The symptoms vary considerably according as the dose has been large or small; but poisoning by this substance may be readily recognised by the great stupor which always accompanies its action. *Treatment.* Emetics are to be administered immediately, and the stomach-pump should be applied, if one can be easily obtained; or a flexible tube filled with water and closed at the other end with the thumb, may be introduced into the stomach and made to act like a syphon. Water may be thus introduced or removed from the stomach at will. A decoction of nut-galls should then be swallowed, in order to decompose any opium which may remain. Coffee also answers the same purpose. When the head symptoms are very severe, bleeding may be practised. Hahnemann asserts that camphor is an antidote. The patient should be constantly roused from his state of stupor, by dragging him about the apartment and shaking him. Water should be repeatedly dashed over his head. The application of stimulants to the nostrils may also assist in removing the lethargy, as ammonia, assafœtida, &c. Artificial respiration has also been recommended.

OTHER NARCOTICS. All the substances which are usually employed in medicine as narcotics may prove deleterious when given in over-doses, if they have been prepared in a proper way; but, as usually met with in this country, the extracts and preparations of narcotic plants will have little chance of producing any very dangerous symptoms, unless they are given in enormous doses. The symptoms of poisoning from the administration of any of the narcotics in the preceding list are, giddiness, fainting, nausea, vomiting; coma, or stupor; spasms, and frequently tetanus; delirium. *Treatment.* In all cases of poison by narcotics the treatment is nearly the same, as no antidotes, that is substances which decompose the poison, are known. The first point to attend to is, the evacuation of the poison by means of emetics; and the second object of attention is, to prevent the poison which has already been absorbed from producing such lethargy as to induce death. The same means must be adopted to effect this as were noticed under opium. *Hydrocyanic Acid*, when taken in over-doses, does not produce convulsions, but a lethargy similar to that described by Shakspeare in Romeo and Juliet.

IV. POISONS PRODUCING PARALYTIC SYMPTOMS.

Lead, Mercury, Manganese, Chromium.

LEAD.—*Symptoms.* The experiments of Mitscherlich have shown that acetate of lead does not enter into the circulation, that the salt does not produce deleterious effects, as an acetate; but that upon being introduced into the stomach it is decomposed, and forms compounds with the animal matter, some of which are soluble in water, while others are insoluble; and others again are soluble in acids. The power therefore of the lead to produce poisonous effects will depend upon the state of the stomach. Poisoning by salts of lead is usually marked by derangement of the stomach, cramps in the pit of the stomach, colic, belly hard; the umbilicus much drawn in, sometimes almost touches the spine; obstinate constipation, violent pains in the legs, cold perspirations, palsy of the upper extremities, muscular emaciation, great debility. *Treatment.* The cause of the disease should be removed. Lead exists in every water which passes through lead pipes. When the lead still remains in the intestinal canal, any of the alkaline sulphates, carbonates, or phosphates, may be administered, in order to form an insoluble powder. A purgative also relieves the colic. After the full operation of the purgative, a dose of opium may be administered with good effect.

MERCURY, when persevered in, or when inhaled, produces paralytic symptoms.

MANGANESE also, when inhaled, produces palsy—on the authority of Dr. Couper of Glasgow. *British Annals of Medicine*, vol. i.

CHROME has a similar action.

In all these cases exposure to cool, free air is indispensable, and the adoption of such measures as shall contribute to brace the muscular and nervous systems.

# ON PROGNOSIS.

### BY WILLIAM FARR.

Prognosis, from προ, before, and γνωσις, (γνοω know), knowledge, is literally translated by foreknowledge. Foretelling presupposes foreknowledge; and prognosis is employed, in medicine, to designate the art of foreseeing and foretelling the course and issue of diseases. It implies that vital phenomena succeed each other in a determined order; and that when one of a series is observed the existence of others may be inferred. The fundamental problem in medical prognosis is; from a given group of morbid phenomena to determine the phenomena that will follow or that have preceded, and their mutual relations. The etymology restricts the application of prognosis to the future, but the idea of futurity is accessory. Hippocrates, in the second sentence of the Prognostics, speaks of *predicting* "things present, things *past*, and things to come;" so that prognosis, in the etymological sense, is but a part of the subject. So important, however, is a knowledge of the future; so much more precious the power of foreseeing events unaccomplished and controllable, than of telling things past and irremediable, that the emphatic term prognosis may still be employed, with the qualification that it shall include the science of the laws of succession of all morbid phenomena, whether regarded as past, present, or future.

Every medical man should be well versed in prognosis. It will enable him to take into consideration the subsequent phases of the malady, and rescue him from the system of expediency, where every symptom is treated as an isolated fact, and, according to the urgency of immediate circumstances, without regard to the subsequent states through which the patient must inevitably pass; while diseases often require to be treated, in the early stages, for phenomena not developed, and only acquiring intensity at a future period. This is the case with phthisis, inflammation, the exanthemata, and fevers. An accurate prognosis in such cases gives the physician the advantages a general possesses, well informed beforehand of the enemy's forces, plans of battle, and order of attack. Hippocrates does not forget to enumerate one advantage of prognosis, which savours of the Greek cunning, the father of medicine sometimes discloses in turning the prejudices of his patients to account. "By telling," he remarks, "the past, present, future, and recalling things the patient forgets, you gain his confidence, he places full reliance on your skill, and dares commit himself into your hands unreservedly. To cure all the sick is impossible; to predict which patients will die, which will recover, will screen the practitioner from blame." This is founded on a well-ascertained prejudice. Great credit is often gained by predicting the death of a patient where the bystanders perceive no danger. Nothing more forcibly impresses the minds of the common people; who have always treated their historians with calm indifference, their prophets with admiration and worship. It is, nevertheless, rare that the physician has to fulfil this mournful function, and to prophesy death. There is almost always a chance, and generally a strong probability of recovery. Nine times in ten he is the messenger of glad tidings; and it is seldom that he cannot point to some dawn of hope—some streak of light—when the horizon is darkest.

The reduction of the phenomena of disease to simple laws, susceptible of calculation, offers the same attraction as other fields of investigation; but its intimate connexion with human interests and sufferings gives it stronger claims on attention. To lessen the danger and duration of disease is the main object of medical science; this is the public function intrusted to the medical profession; but the laws of disease, the degree of danger, the extent and duration of morbid processes, must be determined before the relative value of remedial agents can be ascertained. Prognosis, then, naturally precedes Therapeutics in the order of study, and is preceded by Diagnosis. Many pretend to treat disease successfully with a very imperfect knowledge of prognosis; and to predict the death of patients without an accurate knowledge of the particular seat or nature of maladies. Nurses and empirics, with and without licences, are examples of these short-hand intellects.

In prognosis patients may be considered in two lights: in collective masses, when general results can be predicted with certainty; or separately, when the question becomes one of probability. If 7000 of 100000 cases of fever terminate fatally, it maybe predicted that the same proportion will die in another series of cases; and experience has proved that the prediction will be verified, or so nearly verified as to leave no room for cavil or scepticism. The recovery or death of one of the cases is a mere matter of probability. Here, as Celsus has said, *Medicina ars conjecturalis est;* but not in the shallow sense some persons imagine, that every thing is at random in individual cases; for if medicine be guessing, it is at least the *Art of guessing.* The rate of mortality determined for 100000 cases applies, as a general standard, to each patient; and the probability of death is ·07, of recovery ·93; the probability that the fever patient will recover is 93 to 7, raised or lowered by particular circumstances. This distinction applies to the prediction of all organic changes: collectively they can be predicted, where data exist, with certainty; individually their probability can be determined.

Prognosis may be extended to every kind of morbid phenomena; but, practically, it can only be applied, at present, to events of decided importance. The following are examples of several kinds of prognosis. Recovery may be predicted in cholera, fever, confluent small-pox, pneumonia, all acute diseases; for the general chances of recovery (at least under the age of 40) are equal to the chances of dying in these diseases; and generally as 2, 3, 4, and even 14 to 1. Death may be predicted in rupture of the intestine, phthisis, lumbar abscess. The probability of other diseases being developed in the course of the first may be determined: thus, local inflammations supervene in chronic diseases and fevers; perforation of the ileum occurs a certain number of times in the latter stage of typhus, of the pleura in pulmonary phthisis, and nearly always proves fatal. Hæmoptysis is generally followed by phthisis; the pulmonary symptoms of phthisis by ulceration of Peyer's glands. Tubercular cachexia is the forerunner of phthisis (Clark). Dyspnœa from infancy, and clear sounding projections upon the chest, and over the clavicle, imply the existence of emphysema; whence may be predicted paroxysms of asthma, dilatation of the heart, œdema. Sometimes the recurrence of the same disease may be prognosticated; of epilepsy, insanity, apoplexy, catarrh, rheumatism, intermittent fever. The same method is applicable to these and other cases of the same kind; and to the whole facts included in prognosis.

In prognosis (1) the patient may be considered, (2) the circumstances in which he is placed, and (3) the disease. The age, sex, temperament, habits, strength, intellect, passions, fall under the first head.

### *a. The Patient.*

*Age.* It had long been observed that the rate of mortality is high in infancy, that it declines to the age of puberty, then increases, and in old age proceeds with increased rapidity. Mr. Edmonds discovered the law regulating the mortality of the general population at all ages; he found that the mortality increased from puberty 3 per cent. every year* up to 50—60; and 8 per cent. afterwards annually to the end of life. Dr. Southwood Smith gave in his excellent book the *Philosophy of Health*, a column of the mortality at different ages in cases of Fever treated in the *London Fever Hospital;* but Mr. Finlainson by whom the calculation was made, withheld the data on which it was founded, merely stating that the observation comprehended 6000 cases. Mr. Edmonds proved that the rate of mortality in Dr. Smith's observation increased 34 per cent. every ten years, (3 per cent. annually;) and also that the same law applied to sickness, and cases observed in the London Hospital.† From facts published by the Factory Commissioners, I showed that among 2034 labourers in the East India Company's service, and persons employed in Factories, the attacks were nearly the same at all ages; and that the fatality of cases and the quantity of sickness, increased with age nearly at the same rate‡. But as all the data were not given, or given in an unsatisfactory form, the value of these observations was much diminished.

In the spring of 1836, I collected, by the kind permission of Dr. Gregory, Physician to the London *Small Pox Hospital*, a series of 7851 cases, 2476 deaths of Small Pox, at every consecutive five years of age; a greater number of deaths than had entered into the previous observations. The facts are here given in detail; they have been carefully recorded by the officers of the institution; and although I went over the books but once, and the column of deaths is far removed from the ages, there is probably no error of any consequence to the results. Two periods were taken; the first (20 years 1780—99) before vaccination had had any influence, the second embracing the 10 years ending in 1835.

* Life Tables 1832. Supplement to British Medical Almanack 1837, page 130.
† Lancet, Feb. 27th and Sept. 3rd, 1836. British Medical Almanack 1837, page 138.
(‡) Macculloch's Statistics of the British Empire, Art. Vital Statistics, vol, ii., p. 576.

## TABLE

*Of* 7850 *cases of Small Pox, and* 2475 *Deaths at every five years of Age.*

| CASES.<br>Age | 0—5 | 5—10 | 10—15 | 15—20 | 20—25 | 25—30 | 30—35 | 35—40 | 40—45 | 45—50 | 50— | All Ages. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 10 years 1780—89 | 0 | 43 | 258 | 871 | 1083 | 363 | 156 | 55 | 47 | 28 | 35 | 2939 |
| 10 years 1790—99 | 16 | 37 | 169 | 766 | 870 | 276 | 90 | 29 | 29 | 18 | 29 | 2329 |
| 10 years 1826—35 | 240 | 184 | 190 | 666 | 812 | 332 | 92 | 40 | 15 | 7 | 4 | 2582 |
| Total Cases | 256 | 264 | 617 | 2303 | 2765 | 971 | 338 | 124 | 91 | 53 | 68 | 7850 |
| DEATHS. | | | | | | | | | | | | |
| 10 years 1780—89 | 0 | 9 | 40 | 223 | 419 | 159 | 72 | 28 | 46 | | 29 | 1025 |
| 10 years 1790—99 | 1 | 10 | 41 | 210 | 295 | 98 | 44 | 11 | 24 | | 21 | 755 |
| 10 years 1826—35 | 104 | 45 | 37 | 129 | 207 | 95 | 41 | 19 | 14 | | 4 | 695 |
| Total Deaths | 105 | 64 | 118 | 562 | 921 | 352 | 157 | 58 | 84 | | 54 | 2475 |

*Deaths in* 100 *cases of Small Pox at Eight different ages.*

| Age | 0—5 | 5—10 | 10—15 | 15—20 | 20—30 | 30—40 | 40—50 | 50— | All Ages. |
|---|---|---|---|---|---|---|---|---|---|
| Deaths per cent. | 41·97 | 24·24 | 19·12 | 24·40 | 34·07 | 46·54 | 58·33 | 79·41 | 31·53 |

The mortality of cases, at the age 0—5 years, was 41·97 per cent.; it declined to 19·12, and rose till at 50 and upwards it was 79·41. The minimum was attained at 10—15,—at 12½ years of age—when the probability of recovery was 4 to 1; the probability of recovery was reduced to 2 to 1 at the age 20—30; to 1 to 4 after the age of 50. The fatality of the cases, beginning at puberty, (10—20,) increased at rates very nearly represented by 34 per cent; as will be apparent on comparing the mortality observed every 10 consecutive years, with the mortality calculated from one basis. Some of the calculated numbers, that advance regularly, are above, others below the numbers directly observed.*

| Age | 10—20 | 20—30 | 30—40 | 40—50 | 50— |
|---|---|---|---|---|---|
| Deaths per cent. (observed) | 23·29 | 34·07 | 46·54 | 58·33 | 79·41 |
| Deaths per cent. (calculated) | 24·66 | 33·12 | 44·46 | 59·70 | 80·11 |

The application of this principle to practice is very obvious: small pox is dangerous in infancy; safest at puberty; and from that age the danger increases *one-third every ten years.* Sydenham says, "that persons in the prime of life are in greater danger in small pox, than women or children under fourteen."† This is all an observer so accurate could detect by the old methods of investigation.

The influence of age upon the mortality in *Cholera*, is exhibited in the following extensive series of observations, published from official Reports in the Austrian Medical Journal. The Reports were by Dr. J. J. Knoltz.‡

*Table showing the Deaths per cent., and the Cases and Deaths of Cholera at eight different ages in Vienna and the country round in Lower Austria.*

| Age. | IN VIENNA. | | | IN THE COUNTRY. | | |
|---|---|---|---|---|---|---|
| | Cases. | Deaths. | Deaths per cent. | Deaths per cent. | Deaths. | Cases. |
| 0—10 | 327 | 174 | 53·21 | 41·87 | 206 | 492 |
| 10—20 | 478 | 188 | 39·33 | 38·66 | 196 | 507 |
| 20—30 | 837 | 317 | 37·87 | 31·81 | 307 | 965 |
| 30—40 | 801 | 356 | 44·45 | 34·49 | 219 | 635 |
| 40—50 | 690 | 363 | 52·61 | 40·71 | 208 | 511 |
| 50—60 | 635 | 370 | 58·27 | 43·27 | 167 | 386 |
| 60—70 | 374 | 249 | 66·43 | 49·35 | 113 | 229 |
| 70—— | 220 | 171 | 77·73 | 52·00 | 65 | 125 |
| All Ages. | 4360 | 2188 | 49·02 | 38·46 | 1481 | 3848 |

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* To obtain the 5 calculated numbers, multiply 24·66 (λ1·3920) and every successive number produced by 1·343 (λ0·128.)

† Works, vol. 2, p. 53. Edition, Wallis, 1788.

‡ Einige Notizen über die Brechdurchfall's Epidemie in Wien und auf dem platten Lande von Nieder Oesterreich in dem Jahre, 183½ betreffend. Aus dem Sanitäts Berichte des H. Dr. J. J. Knoltz. The mortality of Cholera was lower at all ages in the country (*platten Lande*) than in the city of Vienna; at the age 20—30 the mor-

There are two anomalies in these observations; the mortality attains its minimum at the age 20—30; and it does not increase so fast as in other observations. The rate of increase every ten years is 16 per cent; and 1·1596 (λ0·06245) has been employed to calculate the subjoined series of numbers running parallel with the facts observed.

VIENNA.

| | Age 20-30 | 30-40 | 40-50 | 50-60 | 60-70 | 70— |
|---|---|---|---|---|---|---|
| Deaths per cent. (observed) ... | 37·87 | 44·45 | 52·61 | 58·27 | 66·43 | 77.73 |
| Deaths per cent. (calculated).. | 37·87 | 43·73 | 50·49 | 58·30 | 67·32 | 77·73 |

The rate of increase is nearly the square root of the rate regulating the mortality of small-pox and other diseases (1·16 × 1·16=1·3456.) But it would be unsafe to speculate on this isolated fact, unless the mode in which the observations were made had been detailed, in the Austrian report, with less official brevity. There has been every where a culpable disposition to deny the name of cholera to all cases not absolutely fatal; medical men have yielded to the moral cowardice of the people; and so much dreaded exaggerating the effects of treatment as to falsify science. This falsehood, like falsehood of every species, defeated its purpose. While it diminished the number of cases of cholera, it augmented the mortality, the opprobrium of medical art, and the terror it was intended to allay. Is it not a fact that where the mortality was 49 per cent. the severer cases only were reported, and that milder cases, a majority of which occur in early life, were excluded? This would diminish the number of favourable cases at 10—20, 20—30, and make the apparent rate of dying increase less rapidly with age.

Age appears to have the same influence on the duration of diseases as on the mortality; cases become one third longer every ten years from puberty.* There is a certain class of diseases, of long duration, deemed incurable, where the morbid process only ends with life. The Problem in Prognosis is to determine the probability of cure; in a given time this diminishes 34 per cent. every ten years, as I have ascertained from observations collected at Bethlem, by Dr. Haslam, in 1784—94.† Cases 1664, cured at all ages, 574.

*Recoveries from Insanity.*

| | Age 10-20 | 20-30 | 30-40 | 40-50 | 50-60 | 60-70 |
|---|---|---|---|---|---|---|
| Recoveries per cent. (observed)...... | 69·0 | 41·0 | 34·2 | 24·0 | 17·5 | 12·9 |
| Recoveries per cent. (calculated) .... | 56·9 | 42·3 | 31·5 | 23·4 | 17·5 | 13·0 |

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tality from Cholera (city and country 34·63) was scarcely greater than the mortality of small pox in London (34·07 per cent.)

[*] See "British Medical Almanack" 1837, p. 136. "Macculloch's Statistics of the British Empire." Article "Vital Statistics," p. 584.

[†] See the facts in "Statistics of English Lunatic Asylums," by W. Farr.

The patients remained at Bethlem rather more than a year; this observation, therefore, shows the relative number of recoveries, at different ages, in a unit of time—in this instance, nearly a year. From the data preceding two principles may be established: (1) The rate of recovery in a unit of time diminishes 34 per cent. every ten years; (2) The mean rate of dying in a unit of sick time is the same at all ages. Future observation must show whether these are laws, or isolated facts.

There are few observations of sufficient extent and accuracy to show the influence of the patient's temperament, constitution, habits, &c., on the issue of diseases; and it would be useless to detail our empirical knowledge on these subjects. The mortality of cases in females is less than the mortality in males. This is established by many facts. The following is from an interesting pamphlet by Dr. R. Cowan :—*

Oct. 1835-6.—Fever Patients in the Glasgow Fever Hospital.

| | Cases. | Deaths. | Deaths per cent. |
|---|---|---|---|
| Males | 1116 | 180 | 16·1 |
| Females | 1141 | 110 | 9·6 |

### *b. External Circumstances.*

The influence of external circumstances and applications on the issue of cases is unquestionable; on another occasion I will endeavour to ascertain how much residence in cities and crowded hospitals, exposure to cold and want increase the danger of disease; how much drugs and medical appliances diminish the mortality. The seasons do not appear to modify the mortality of small pox to any extent.

*London Small Pox Hospital,* 1780-9. Cases admitted, 2952. —Deaths, 1034.

| Months. | Temperature. | Dryness. (Daniel.) | Cases admitted. | Deaths. | Deaths per cent. |
|---|---|---|---|---|---|
| Dec., Jan., Feb. | 38° | 2°·2 | 760 | 266 | 35·0 |
| June, July, Aug. | 60° | 6°·9 | 814 | 271 | 33·3 |
| March, April, May | 49° | 6°·4 | 634 | 227 | 35·8 |
| Sept., Oct., Nov. | 50° | 4°·0 | 744 | 270 | 36·3 |

### *c. Diseases.*

The *third head* of this inquiry is the most important; it does not refer to the previous state of the patient, or accessory circumstances, but to the type and course of diseases.

In fact, the first step in prognosis is generally to determine whether the individual is ill, and what is the nature of the malady; for the fate of the patient depends upon his actual state; and the probability of recovery is often regulated by the probability and accuracy of diagnosis. Thus, to distinguish some malignant tumours, tubercles in the lungs, ischuria renalis, from other types of disease, is the principal element, in such cases, of prognosis; for these diseases are fatal, while those with which they may be confounded are attended with little danger.

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* Statistics of Fever and Small Pox in Glasgow, April 28th, 1837.

It is to be regretted that the relative mortality of different diseases is still unknown. To determine the mortality of diseases they should be followed from the beginning to the end; every death or recovery should be recorded; and this, though exceedingly simple, has been rarely done. The mortality of cases can only be accurately ascertained by practitioners, who see cases as they occur, slight or severe, and seldom lose sight of them to the end.

Diseases may be examined (1) in their tendency to destroy life, expressed by the deaths out of a given number of cases; and (2) in their mean relative force of mortality, expressed by the deaths out of a given number sick at a given time. The following observations illustrate the mortality of different diseases. They are from the Austrian official returns of epidemic diseases in Lower Austria, Austria on the Ems, Bohemia; and include 4-6 epidemics of each disease occurring between 1826 and 1832. The cholera in Galicia was the epidemic of 1831.*

| | Cases. | Deaths. | Deaths per cent. |
|---|---|---|---|
| Cholera (Galicia) . . . | 255774 | 96081 | 37·6 |
| Fever (catarrhal, nervous, typhus) | 1273 | 143 | 11·2 |
| Dysentery . . . . | 3961 | 418 | 10·8 |
| Small-pox . , . . | 14804 | 1588 | 10·7 |
| Scarlet fever . . . . | 2422 | 211 | 8·7 |
| Hooping cough . . . | 8007 | 533 | 6·7 |
| Measles . . . . | 14051 | 327 | 2·3 |

Hence it appears that the probability of recovery from measles is as 97·7 to 2·3 (42 to 1); and that the chance of dying is three times greater in hooping cough, four times in scarlet fever, five times in fever.

The mortality in the *London Small Pox Hospital* in the fifty-six years from 1780 to 1835 has been deduced from a statement of the annual mortality published by Dr. Gregory:—

| Years. | Cases. | Deaths. | Deaths per cent. |
|---|---|---|---|
| 1780—9 . . | 2954 | 1031 | 34·90 |
| 1790—9 . . | 2322 | 763 | 32·86 |
| 1800—9 . . | 1574 | 478 | 30·37 |
| 1810—9 . . | 1188 | 357 | 30·05 |
| 1820—9 . . | 2225 | 658 | 29·57 |
| 1830—4 . . | 1590 | 388 | 24·40 |
| 1780—834 . | 11853 | 3675 | 30·99 |

The decrease of mortality is due to the admission of a greater number of cases occurring after vaccination. In the ten years 1826—35, when 2593 cases were treated, 693 died = 26·73 per cent. 2264 of the cases distributed according to their character show that the mortality of cases where vaccination had not preceded still remained unabated.

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* Medicinischer Jahrbucher, &c., vols. 3—10; observers, Knoltz, Von Nadherny Streintz, Slawikowski.

| | Cases. | Deaths. | Deaths per cent. |
|---|---|---|---|
| Not vaccinated . . . | 1393 | 571 | 41.1 |
| Vaccinated . . . . | 789 | 46 | 5.8 |
| Inoculated . . . . | 9 | 2 | |
| Other diseases . . . | 73 | 1 | |

This is the mortality of small-pox in cities : in the country it is lower, as will be perceived from the Austrian return. It is probable, also, that the proportion of persons vaccinated is greater in Austria, where the Vaccine Establishment is efficient. In the General Hospital of Vienna, 1834, 533 cases of varicella were treated, and 469 of variola. Of the latter, 82 of 160 not vaccinated died (·51 ;) 40 of 109 that had doubtful marks of vaccination (·37) ; 25 of 200 vaccinated (·125). Six of the 25 had putrid fever ; 9 died of puerperal fever.

To determine the mortality of all attacks of sickness, taken indiscriminately, army records furnish valuable data ; for every case under the care of the Surgeon is entered, and followed to recovery, but not always to death, in chronic cases, as a certain number are invalided.

Cases treated in the whole of the Prussian standing-army, whether in or out of the Military Hospitals :—*

| Years. | Total cases dischd. | Cured. | Died. | Invalided. | Missing. |
|---|---|---|---|---|---|
| 1821-30 | 1160719 | 1143681 | 12310 | 4571 | 157 |
| Proportions | 100 | 98·535 | 1·061 | ·394 | ·013 |
| 1831-2 | 550161 | 540641 | 7719 | 1725 | 76 |
| | 100 | 98·269 | 1·403 | ·314 | ·014 |

The mortality computed on more than a *million* cases was 1·061 per cent. ; to which some of the invalided chronic cases should be added. In the 2 years (1831-2) when cholera prevailed, the mortality of cases was raised 32 per cent. The Prussian soldiers are, on an average, 20-25 years of age ; they remain about 3 years in the service ; their numbers in 1826 were estimated at 100000. If the mortality of patients at the age 20-25 is 1·061, the mortality at 50-55 should be 2·57 per cent.

Attacks of diseases differ in intensity ; some are so slight as to obtain no attention ; for others, men consent to take physic : a third class incapacitates them for exertion. Itch, cutaneous and other slight diseases, run up the amount of cases in armies ; syphilis constitutes perhaps 20 per cent. of the attacks. This class of cases, and injuries got in quarrels, are not recognised by Friendly Societies ; and medicine is taken in many cases that never fall "on the box," as the patients continue their employment. At the Liverpool Friendly Society this is clearly exemplified, where there were (1829-37) members equivalent to 23323 living 1 year ; and 20251 entitled to relief.† The mortality of cases that fell on the box was 3·7 per cent. ; of the cases attended by the surgeons 2·4 per cent. ; for only 40 applications for sick pay were made annually by 32 of 100 members, while 75 cases to every 100 members were attended by the surgeons, 28 at home, 47 at the surgeries.

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* Rust's *Magazin für die Heilkunde,* vols. 14—39.

† From a valuable return by J. Garthside, Esq., that shall be inserted entire in this or a future Almanack.

The relative *force of mortality* is an unusual term ; but it implies the rate of dying—the number of deaths, out of a given number, living a given time—and is required by the present state of science. The force of mortality in Sweden was 2·482 ; this was the number of deaths out of 100 living a year—the assumed unity of time. Every population comprises two classes, the healthy and the sick ; and it has been found that among adults there are 2 years of sick time to every death ; in other words, that in a society where 1 dies annually 2 are constantly incapacitated by sickness. In Sweden, therefore, 4·564 in 100 of the people constitute the sick, 95·436 the healthy population. The deaths occur in the sick population ; so the mean force of mortality among the sick may be taken at ·50 ; of 100 living and sick 50 die annually. This is the average force of mortality in all kinds of sickness. Among the East India Company's labourers (=20343 years of life) there were 328 years of sickness, and 973·5 years on the pension list ; in the former 496, in the latter 161, deaths occurred.

Sick time 1301 years, deaths 657 ; annual deaths per cent. 50·6.

*The Liverpool Friendly Society.**

Received sick pay 1 year 613 ; deaths 356 ; annual deaths per cent. 58·1.
On surgeons' books 1 yr. 942 ; deaths 408 ; annual deaths per cent. 43·3.

*Prussian Army.*

| | Years sickness. | Ann. deaths per cent. | Ann. invalided per cent. |
|---|---|---|---|
| 1821-30 (11 enumerations) | 44810 | 27·47 | 10·2 |
| 1831-2 ( 3 enumerations) | 18820 | 41·02 | 9·2 |

Assuming the mean strength of the Prussian army to be 100000, it will follow that, in 1821-30, there were 0·045, in 1831-2 more than 0·09 constantly sick ; that the absolute mortality was 1·23 in the first, 3·9 in the second period. The annual mortality among men, of every shade of sickness, was only 27·47 per cent.

In determining the relative force of mortality in different diseases, the same method is to be observed ; the deaths must be divided by the sick time. As an illustration, it will be seen in the annexed table that 990 deaths occurred in a mean constant population of 41 individuals suffering from cholera. In a Cholera Hospital, containing 100 patients, on an average 2415 deaths would occur in the year. The second column, intended to represent the mean sickness from each particular disease, is the sum of the numbers *remaining* on December 31, 1826, 1827, 1828, 1829. To have made the numbers accurate, monthly enumerations should have been obtained of the numbers sick from each disease.

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* The total deaths were 408, but 26 occurred in the half year after admission, before the members could receive sick pay, which they were only entitled to in twelve months ; as a correction, 52 deaths were deducted.

*Table of Sickness among the Native Troops of the Madras Army.*

| | Cases. | Sick a year. | Die. | Deaths in 100 cases. | Deaths in 100 sick a year. | Mean duration of cases in days |
|---|---|---|---|---|---|---|
| Cholera. ............ | 2142 | 41 | 990 | 46·2 | 2415 | 7 |
| Apoplexy ............ | 76 | 3 | 51 | 67·0 | 1700 | 14 |
| Dysentery ............ | 2285 | 136 | 198 | 8·7 | 146 | 22 |
| Fever remittent ....... | 5067 | 185 | 244 | 4·8 | 132 | 13 |
| continued ...... | 2627 | 71 | 73 | 2·8 | 101 | 10 |
| intermittent .... | 36436 | 1658 | 426 | 1·2 | 26 | 17 |
| External inflammations | 10803 | 381 | 52 | 0·5 | 17 | 13 |
| Rheumatism.......... | 16387 | 1624 | 239 | 1·6 | 15 | 36 |
| Ulcers ............... | 16482 | 1918 | 203 | 1·2 | 11 | 43 |
| Syphilis .............. | 8668 | 970 | 55 | 0·6 | 6 | 41 |
| All diseases. Native troops | 157796 | 9998 | 4041 | 2·6 | 40 | 23 |
| All diseases. English troops | 84713 | 4371 | 2274 | 2·7 | 52 | 19 |

The table is deduced from a return given by Mr. H. Marshall, in the "Edinburgh Medical and Surgical Journal,"* of the sickness among 69850 native troops in the Madras army. It must be considered rather an illustration than an accurate view of the facts. The relative force of mortality did not differ widely from that prevailing among the sick European troops, although the annual mortality was ·048 of the strength among the latter, ·014 among the former; and the constantly sick among the native troops was ·0334; among the English troops, ·0924. The last column but one shows the relative force of mortality in different diseases; cholera and apoplexy are at the top, syphilis is at the bottom of the scale. The *mortality* and the *force of mortality* will readily be distinguished, by comparing cholera with consumption; the *mortality* in the latter is 90—100 per cent, but its mean duration is two years, and the force of mortality is consequently nearly ·50; the mortality in cholera is not 50 per cent, while the *force of mortality* is 2415, for cholera destroys in a week as many as phthisis consumes in a year. Phthisis is more dangerous than cholera; but cholera, probably, excites the greatest terror.

The form as well as the nature of diseases must be taken into account, in estimating the degree of danger. Thus, at the Small Pox Hospital, (1836,) 81 of 205 confluent cases terminated fatally; of the 116 remaining cases of modified confluent, and distinct variola, and varicella, two died of erysipelas and croup. Of 13 cases, confluent, malignant, and petechial, 12 were fatal.†

### *d. Periods of Disease.*

The laws of death and recovery, in different stages of disease, form the most interesting part of this inquiry. A very simple tabular construction enables us to determine the nature of these laws, and the probability of recovery at every period. Thus, I took 5268 cases of small pox from the books of the Small Pox Hospital, and noted the deaths and recoveries (cols. D, E) taking place every five days from the date of admission. 3488 recovered, 1780 died. Of the 1780 fatal cases, 164 died in the first five days after admission, leaving 1616 cases to enter on the subsequent period; and thus, by subtracting the deaths every successive five days, (col. E,) the number of fatal cases remaining at every stage was obtained (col. B.) Column A was obtained in the same manner, by subtracting, successively, the numbers recovering every five days (col. D.) The table is read thus:—Of 5268 cases of small pox remaining at the end of the fifth day, 3480 will recover, 1780 will die; and two will recover, 164 will die, in the next five days, leaving 5102 on the list at the end of the tenth day.

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* Vol. xxxix., pp. 134, 135.

† Dr. Gregory. "British Annals of Medicine."

*Table of Sickness, showing, in Small Pox, the number of cases remaining at the end of every fifth day; the numbers to recover and to die; also the numbers that recover, die, terminate in the next period.*

| Days. | To Recover. | To Die. | To Recover or To Die. | Recover. | Die. | Terminate. |
|---|---|---|---|---|---|---|
| 0 | A. | B. | C. | D. | E. | F. |
| 5 | 3488 | 1780 | 5268 | 2 | 164 | 166 |
| 10 | 3486 | 1616 | 5102 | 5 | 737 | 742 |
| 15 | 3481 | 879 | 4360 | 37 | 552 | 589 |
| 20 | 3444 | 327 | 3771 | 176 | 153 | 320 |
| 25 | 3277 | 174 | 3451 | 321 | 70 | 391 |
| 30 | 2956 | 104 | 3060 | 487 | 39 | 526 |
| 35 | 2469 | 65 | 2534 | 535 | 23 | 558 |
| 40 | 1934 | 42 | 1976 | 466 | 14 | 480 |
| 45 | 1468 | 28 | 1496 | 384 | 9 | 393 |
| 50 | 1084 | 19 | 1103 | 246 | 3 | 249 |
| 55 | 838 | 16 | 854 | 367 | 4 | 371 |
| 60 | 641 | 14 | 655 | | | |
| 65 | 471 | 12 | 483 | 179 | 2 | 181 |
| 70 | 379* | 11 | 390 | | | |
| 75 | 292 | 10 | 302 | 292 | 10 | 302 |
| 80 | 224 | 9 | 233 | | | |
| 85 | 173 | 8 | 181 | | | |
| 90 | 132 | 7 | 139 | | | |
| 95 | 100 | 6 | 106 | | | |
| 100 | 79 | 5 | 81 | | | |
| 105 | 60 | 4 | 64 | | | |
| | 200 | 20 | 220 | added to the columns. | | |

* Interpolated by successively multiplying by 0·76; which applies as high up the column as 1084. I have calculated a theoretical table that corresponds with the numbers observed.

The cases are from the London Small Pox Hospital (1780—99); the time at which they entered has been assumed to be the end of the fifth day, as this has latterly been the period of admission. The day of the disease, and the day of the eruption at the time of admission, have been entered in the books for several years, by Dr. Gregory, and this is the result:—

| Date. | Cases. | Day of Disease. | Day of Eruption. | Interval in Days. |
|---|---|---|---|---|
| 1827—31 | 1000 | 6·333 | 3·358 | 2·975 |

The *day of the disease* is one day more than the *duration of the disease;* which was, therefore, 5·333 days at the time of admission. Omitting the fractions, patients enter the hospital at the end of the fifth day; at which period the table commences. The patients were not discharged till they had perfectly recovered, for fear of infection.

The probability of recovery is shown by the numbers of column A and column B, in juxta-position. At the end of the fifteenth day there were 4360 cases—3481 to recover, 879 to die. The chance of recovery is 3481 to 879 (4 to 1); at the 30th day the probability of recovery has risen; it is 2966 to 104 (29 to 1). The fraction expressing the probability of recovery is $\frac{2956}{3060}$; the probability of dying is $\frac{104}{3060}$; both probabilities added together make certainty.

The *probability of dying constantly decreases* in acute diseases; as the deaths take place at an earlier period than the recoveries. So the danger of being shot is greater at the beginning than in the middle of a battle; for a man alive in the middle of the day has escaped all the dangers of the morning.

This table possesses many other curious properties. I can here only call attention to two. It shows how long the disease will *probably* last from any given day; for 5268 cases are reduced to less than half the number (2534) by the 35th day. On the 6th day (end of the fifth) it is therefore *probable* the disease will have terminated by the 35th. On the 30th day it may be said the disease will probably terminate in 15 days; for 3060 cases remaining at the end of the 30th, are reduced to 1496, or to less than half, at the end of the 45th day. The probability that the patient will *recover* in the 15 days is $\frac{2956-1468}{3060} = \frac{1488}{3060}$; the probability that he will die in the time is $\frac{76}{3060}$.

The *mean future duration* of the cases that attain the 5th, 10th, 15th, and every successive day is determined by adding the columns A, B, or C, up to the number against the day in question; dividing by that number, and subtracting 0·5 from the quotient. For example: the addition of col. C. up to 3060 (this included) against the 30th day produces the sum 13880; which divided by 3060 is 4·433; reduced by subtracting 0·5 to 3·933—or nearly 4 periods of 5 days. Multiply 3·933 by 5 and the product will be 19·7, the mean future duration of cases in days.

The mean future duration of (*a*) cases of recovery, (*b*) fatal cases, and (*c*) all cases of Small Pox: also (*d*) the probability of dying at the end of the 5th, 10th, 20th, 30th, and 40th day is here given.

| | Expected duration of | | | Probability |
|---|---|---|---|---|
| | Recoveries. | Fatal cases. | All cases. | of dying. |
| Day. | *a* | *b* | *c* | *d* |
| 5 | 41·5 | 12·0 | 31·5 days. | ·3379 |
| 10 | 36·5 | 7·9 | 27·4 | ·3168 |
| 20 | 26·9 | 11·0 | 25·5 | ·0867 |
| 30 | 20·3 | 15·8 | 19·7 | ·0340 |
| 40 | 18·4 | 22·6 | 18·5 | ·0213 |

The force of mortality in different diseases has been examined (page 213;) it differs in intensity in the course of the same disease, according to a law which I have discovered in Small Pox. To determine the force of mortality at different periods, refer to the preceding table (p. 210): it will be perceived that 5268 cases remained at the end of the 5th day, 5102 at the end of the 10th day; and that 164 died in the 5 intervening days. The mean number constantly sick, was the mean of the numbers at the beginning (5268) and end (5102) of the period = 5135; so that 164 deaths took place in 5 days out of 5135 constantly sick, between the 5—10 days of Small Pox. This is equivalent to 6·39 daily deaths in 1000. The same method was pursued in calculating all the numbers in col. *d*; and the rate of recovery col. *f*.

TABLE *of the deaths and recoveries out of* 1000 *patients—this number being constantly kept up—in fourteen stages of Small Pox.*

| | *a* | *b* | *c* | *d* | *e* | *f* |
|---|---|---|---|---|---|---|
| Days. | Constantly Sick. | Die in 5 days. | Recover in 5 days. | Daily deaths in 1000 (observed.) | Daily deaths in 1000 (calculated.) | Daily Recoveries in 1000. |
| 5-10 | 5135 | 164 | 2 | 6·39 | | ·08 |
| 10-15 | 4681 | 737 | 5 | 31·48 | | ·21 |
| 15-20 | 4066 | 552 | 37 | 27·16 | 27·16 | 1·82 |
| 20-25 | 3611 | 153 | 167 | 8·48 | 8·48 | 9·25 |
| 25-30 | 3255 | 70 | 321 | 4·30 | 4·30 | 19·72 |
| 30-35 | 2797 | 39 | 487 | 2·79 | 2·78 | 34·82 |
| 35-40 | 2255 | 23 | 535 | 2·04 | 2·04 | 47·46 |
| 40-45 | 1736 | 14 | 466 | 1·61 | 1·58 | 53·68 |
| 45-50 | 1299 | 9 | 384 | 1·38 | 1·27 | 59·32 |
| 50-55 | 978 | 3 | 246 | 0·61 | 1 03 | 50·50 |
| | | 10 days | 10 days | | | |
| 55-60<br>60-65 | 668 | 4 | 367 | 0·60 | 0·84<br>0.69 | 54·94 |
| 65-70<br>70-75 | 392 | 2 | 179 | 0·51 | 0·57<br>0·47 | 45·66 |

The rate of mortality increased from the 5—10 days to days 10—15, when it attained a maximum (31·48); it decreased in a determined progression from the next period (15—20 days) to the end. The decrease begins to take place in geometrical progression; but the tendency to decrease is met by another force that neutralises part of its effect. This is illustrated in the annexed diagram: where the lines against each day show the relative force of mortality—the quantity eliminated daily by death out of a given constant quantity (10000) sick on the 18th, 19th, &c., days of the disease. The curved line (*a*) describes the actual course of the rate of mortality, the dotted line (*b*) the course the rate of mortality would pursue if uninfluenced by a second force, tending to keep up the original intensity. This curve agreeing with the facts observed was calculated; and any point being known the rest of the course can be deduced by a very simple process. (See Diagram next page.)

The diagram was calculated from 4915 cases of Small Pox (age 10—35);[*] since then I have discovered a simpler formula applying from 15—20 to the end of the disease and its terminations. The results (col. *e.*) all calculated from one basis, agree so exactly with the facts observed (col. *d.*) as to leave little doubt that the force of mortality changes according to a fixed law (Table, p. 212.) The nature of this law will be best understood by going over the calculation.[†]

The mean rate of mortality in the first period (days 15—20) is 27·16; and 27·16 multiplied by the rate of decrease, 0·312, is 8·48; the rate of decrease now changes to 0·508. To find the successive rates of decrease another rate must be employed; a rate regulating these rates. This second rate may be called the constant; it is here 1·626; the square root of 1·626 is 1·275, the next constant; and each successive one is the square root of the constant preceding. After deducing the roots of the constant, the successive rates are formed by them from the first; for ·312 multiplied by the first constant 1·626, becomes ·508; and ·508 multiplied by 1·275, the square root of 1·626, becomes ·647: so the successive rates of decrease are formed to the end of the series. The rates of mortality are determined by multiplying them by the rates of

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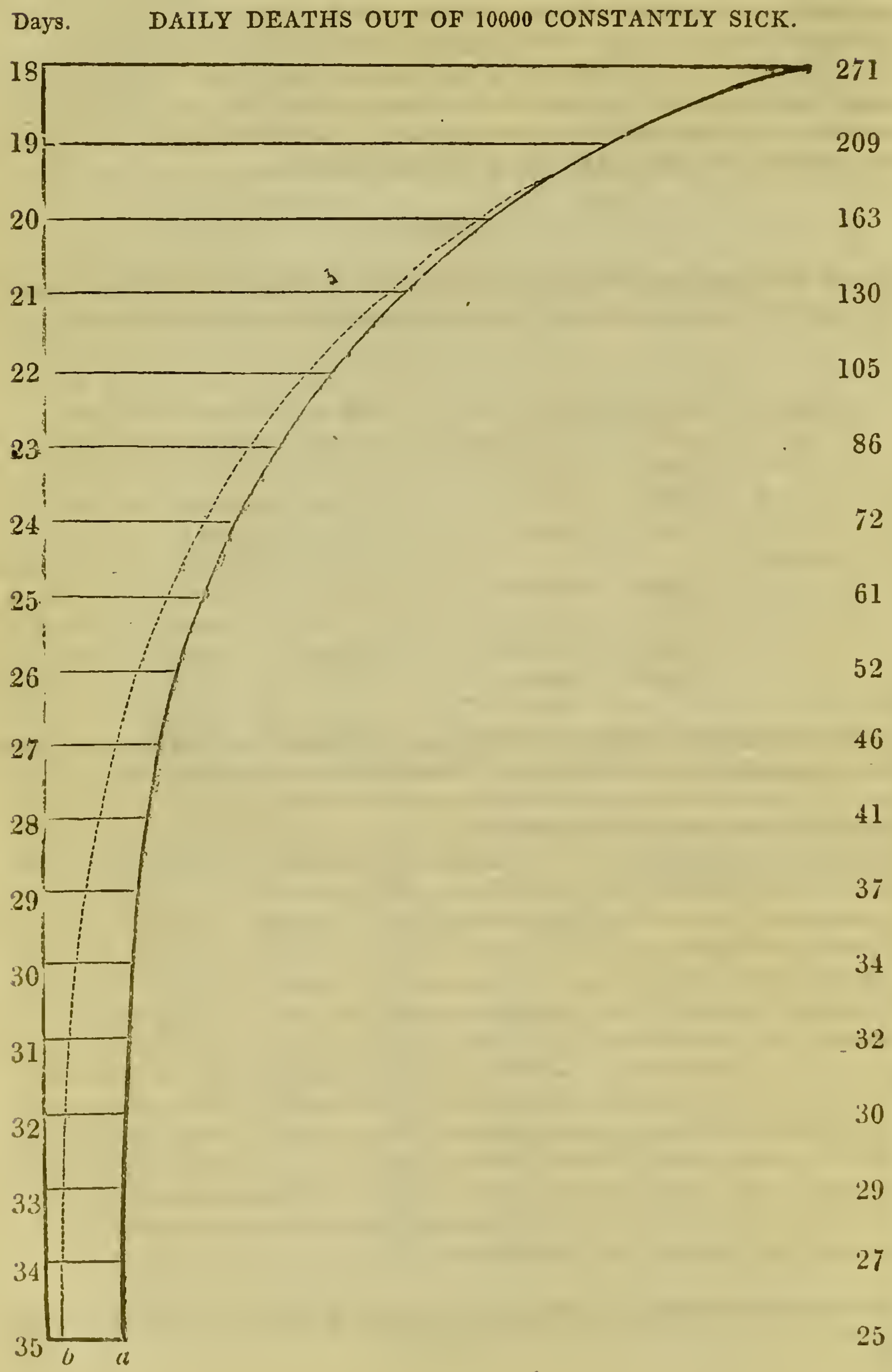
[*] British Annals of Medicine, page 74.

[†] The series of numbers in Table p. 212 may be calculated in many ways; the following is one by Logarithms.

| | Rate of Mortality. | Rates of Decrease. | Constant. |
|---|---|---|---|
| | λ | λ | λ |
| 27·16 | 1·43392 | | |
| | —1·49429 | —1·49429 | |
| | | 0·2112 | 0·2112 |
| 8·48 | 0·92821 | | |
| | —1·70549 | —1·70549 | |
| | | 0·1056 | 0·1056 |
| 4·30 | 0·63370 | | |
| | —1·81109 | —1·81109 | |
| | | 0·0528 | 0·0528 |
| 2·78 | 0·44479 | | |
| | —1·86389 | —1.86389 | |
| 2·04 | 0·30868 | | |

By dividing the constant by 2, this is continued. In ascending, the operation is reversed.

*Diagram representing the force of Mortality in Small Pox.*
*Days* 18—35.



decrease; the rate of mortality at 20—25 days, is 8·48; which multiplied by ·508, produces the mortality of the next period, 4·30; and 4·30 multiplied by ·647 = 2·78 the mortality of the next period. The constant—some power—or some root of it—regulates the whole series. The tendency to recovery increases according to a determined law.

The Paris Board of Health gave the time at which 4907 fatal cases of cholera terminated as in col. B.; we have added col. A., the number remaining at the end of every period, that it may be compared with the corresponding column in the Table of Small Pox.

## TABLE

*Of* 4907 *fatal cases of Cholera, showing the number remaining alive at each of* 16 *periods; and the number dying in the period following.*

| | A | B | | | A | B |
|---|---|---|---|---|---|---|
| Hour. | To die. | Dying.* | | Day. | To die. | Dying. |
| 0 | 4907 | 204 | 2384 | 5 | 576 | 125 |
| 6 | 4703 | 615 | | 6 | 451 | 79 |
| 12 | 4088 | 392 | | 7 | 372 | 171 |
| 18 | 3696 | 1173 | | 8 | 201 | 35 |
| Day. | | | | 9 | 166 | 36 |
| 1 | 2523 | 823 | | 10 | 130 | 111 |
| 2 | 1700 | 502 | | 15 | 19 | 19 |
| 3 | 1198 | 382 | | 20 | 0 | |
| 4 | 816 | 240 | | | | |

The tendency to speak in weeks, and well-known periods, produced the irregularity at the 7th day. Of the 171 thrown on that day, some died a day or two before, some a day or two afterwards. For the same reason it may be safely admitted that the deaths increased regularly on the first day. The daily rate of mortality in the first 12 hours was 16 per cent.; in the next 12 hours (12—24) 37 per cent.; in the 2nd day 11 per cent.; in the 3rd day 8 per cent., if the mortality of cases of cholera in Paris was 49 per cent.—it could not have been higher—and none of the severe cases were cured in the first 3 days. The force of mortality attained its maximum in cholera by the 21st hour (18—24 hours); the maximum intensity in small pox is attained in days 10—15; in phthisis in 6—9 months. Taking a year as the unity of time, the relative maximum force of mortality—the deaths out of 100 constantly living—in the height of these three diseases is: cholera, 13614; small pox, 1150; phthisis, 148. The danger of cholera decreases as the time advances; the longer a cholera patient lives, the more likely he is to live. The way in which the prognosis becomes favourable is shown in the following table.

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* Rapport sur la Marche et les Effets du Cholera Morbus dans Paris, et le departement de la Seine.

*Table of the Probability of Recovery from the severer Attacks of Cholera at the end of* 12 *hours, and* 1, 2, *and* 3 *days.*

| Cases. | | To Recover. | To Die. | Probability of Recovery. |
|---|---|---|---|---|
| 0 hours | 10000 | 5093 | 4907 | ·509 nearly 1 to 1 |
| 12 .... | 9181 | 5093 | 4088 | ·555 .... 1·3 .. 1 |
| 1 day | 7616 | 5093 | 2523 | ·669 .... 2 .. 1 |
| 2 .... | 6793 | 5093 | 1700 | ·750 .... 3 .. 1 |
| 3 .... | 6291 | 5093 | 1198 | ·809 .... 4 .. 1 |

These facts prove that in cholera the probability is generally not in favour of death; they also establish the importance of early treatment, for half the deaths happen in the first 24 hours. What the practitioner does he should do quickly.

The influence of age, sex, diseases, different types of the same diseases, the period of disease in the prognosis have now been examined; the results are sufficiently decisive; they prove that pathological phenomena are subject to laws susceptible of calculation; and that these laws are active causes, to which the medical man should never forget to refer in practice.

## VITAL STATISTICS OF SWEDEN.*

SWEDEN is the only country in Europe where the census of the population and the registration of births and deaths have been philosophically conceived, and efficiently conducted. Great credit is due on this ground to an enlightened administration; but these admirable returns, like every other discovery, were apparently made by one man—by the illustrious Wargentin, Secretary to the Stockholm Royal Academy. Wargentin was a contemporary of Linnæus; and if he has hitherto had less honour, it is only because natural history and nomenclature are more easily understood and appreciated in the infancy of mankind, than the higher truths of science. No one can deny the utility of the *Systema Naturæ;* but no one in his senses will pretend that catalogues of animals, plants, and stones bear so directly on human happiness as the laws of Human Life, and Mortality deducible from the imperishable observations carried on in Sweden for nearly a century. In this country the only statistical observations properly made were conducted by private individuals; by Dr. Heysham of Carlisle, and Dr. Cleland of Glasgow. In these two cities the ages of the population were twice enumerated, and all the deaths were registered. The census and registration of Britain have always been imperfect; only the ages of a part of the population were enumerated in 1821, and the registry of births and deaths has never been complete, and has therefore always been useless. For unless the *whole of the deaths* in a given population are recorded, the registration is of no value.

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* From materials procured for this publication from Sweden; and arranged by the Editor.

As Sweden was the only country where such facts existed—where the population returns have been accurately made—we applied to the Swedish Consul, Charles Tottie, Esq., and obtained through his intervention, from Mr. Lejonmark, the official Registrar, four enumerations of the ages of the Swedish people for 1805, 1810, 1820, and 1830—the deaths at the same ages—and some of the fatal diseases.*

Dr. Price communicated to the English public the medium of the living, according to seven enumerations, and the numbers that died annually in Sweden and Finland, during the 21 years 1755—1775.† Mr. Milne—to whom statistics are so deeply indebted—gave a similar series of observations for the 20 years 1776—95 :‡ and in the Supplement to the Encyclopædia Britannica for the five years 1801—5 ; since when the Swedish observations have never reached this country. In Dr. Price's, as well as Mr. Milne's tables, the ages and sexes are distinguished precisely as in those we now publish ; but instead of giving the medium population, we have given the enumerations themselves, as it is always preferable to publish statistical data in their first form, before they have undergone any new combination. With the 25 years in our possession, we have now a complete series of observations on the mortality at every period of life in Sweden for 72 years ; between 1755 and 1830 there is but one break of four years, (1796—9) ; and this is partly supplied in two tables of the births, deaths, and absolute mortality in Mr. Milne's work, extending from 1749 to 1800.

The annexed Tables I. II. exemplify the form in which the living and dying should be enumerated ; except that, instead of giving the average annual deaths, it would be better to publish the total deaths in the period under observation.

The enumerations are repeated at equal intervals of time—quinquennially—at the close of 1810, 1815, 1820, &c., so as to coincide with the decimal divisions of the century. In conversation all persons aged 20 and not 21 are called by ellipsis 20; in the annexed tables they are entered under 20—25 ; not under 15—20. The column age reads 0 (corresponding to birth) and under 1 ; 1 and under 3. The first period does not include the *stillborn.*

The *Deaths* are collected from the mortuary registers, in the same forms as the living ; in Table II. they are given in 5 series of 5 years each, from 1805 to 1830 ; the period embraced by the previous enumerations.

The ratio of mortality is expressed by the *deaths* out of a given number *living* during a given *time.* In Table III. the time is *one year*, the population—the number constantly living—out of which the deaths take place, is 100 ; these two quantities, the time and the living being fixed, the number of deaths expresses the tendency to die—the *force* of mortality. Thus the mortality among males of all ages (1820—30) was 2·538 per cent. Or to take a more extended basis, and to dispense with the decimal, out of 100000 males living, 2538 died yearly.

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* These returns were procured in 1836 for the Almanack of 1837; but as they did not arrive in time, a part of them was published in the *British Annals of Medicine*, March 24th, 1837.

† Price on Annuities, by Morgan. Vol. 2, pp. 504—5.

‡ Mr. Milne on Annuities and Assurances. Vol. 2, pp. 534.

To count the deaths is sufficient to determine their number. To determine the mean number living, the rule is, enumerate the population at equal intervals of time, add the sums together, and take the mean. Thus the mean number living in Sweden during the 20 years 1810—30, from the three enumerations—one at the beginning, one in the middle, one at the end of the period—was 2616874.

| No. 1 Living. | No. 2 Living. | No. 3 Deaths. |
|---|---|---|
| A.D.1810..2377851 | 1810..2377851 | 1811—15..65479 |
| 1820..2584690 | 1830..2888082 | 1816—20..62329 |
| 1830..2888082 | 2)5265933 | 1821—25..58918·8 |
| 3)7850623 | Mean population 2632966 | 1826—30..71155·4 |
| Mean population 2616874 | | 4)257882·2 |
| | | Mean annual deaths 64470·5 |

The second method, founded on two enumerations—one at the beginning, the other at the end of the period—gives a result differing only inconsiderably from the first. Where enumerations at the beginning and end have not been made, advantage is taken of an enumeration in the middle of a period; so that the population in 1820 would be considered to represent the mean population living in the 20 years, 1820-30. From the above data, it will be found that the annual mortality in the 20 years was 2·464 per cent., or 1 in 40.5. In 1805-10, a period of war, the mortality at every age was increased; in infancy 0—1, it was among males 25·424, females 21·577; at all ages, males 3·110, females 3·018.

The population of a country is very steady, and enumerations every 5 or 10 years are sufficient to determine its number; but in any thing more fluctuating, the same principle serves, provided the enumerations be made more frequent. The mean number of troops, prisoners in gaols, members of sick clubs, and, to take an extreme case, of paupers healthy or sick, at each age, may be ascertained by monthly enumerations. By attention to these remarks, and reflection, little difficulty will be experienced in determining the mean number *living*—the basis of every operation in vital statistics.

Let us now examine the construction of Table III. The mortality of males at the age 45-50 in the 10 years 1811-20, will serve as an example. The mean number living, and the annual deaths, are thus deduced:—

| | Living. | | Annual Deaths. |
|---|---|---|---|
| 1810 . . | 61056 | 1811-15 . . | 1386·0 |
| 1820 . . | 57873 | 1816-20 . . | 1138·8 |
| | 2)118929 | | 2)2524·8 |
| Mean number living | 59464 | Mean annual deaths | 1262·4 |

The mean annual mortality per cent. is then readily obtained by the rule of three:—

59464 : 1262·4 :: 100 : 2·123

All the numbers in the Table may be calculated by the same method.

Table IV. The deaths from Small Pox decreased rapidly; but not so fast as the deaths ascribed to Putrid Fever. The same fact is observed in the *London Bills of Mortality*;* this is partially due to a change of nomenclature; Fevers are now called Inflammations. At the same time the types of disease in cities have unquestionably become more purely inflammatory. The deaths from Measles, Scarlet Fever, and Hooping Cough, have increased, as they also have in London and Glasgow during the present century. Among the violent deaths, contrast the suicides with the murders; men destroy themselves with less reluctance than they destroy others. There were 2403 suicides of males, 681 of females; 260 murders of adult males, and 50 murders of adult females; 180 men executed, and 50 women. There were 100 suicides to 10 murders, to 8 public executions. The violent deaths—including infanticide—bear more severely on males than on females: males 39710, females 13111. The excess of males was 26599 in the 25 years; in the same period, 16055 women died of childbed and miscarriage. The total deaths in 25 years amounted to 1668907; those classed here as violent deaths amounted to 52821 = 3·2 per cent., or 1 in 32 of the total deaths. In the same period, the births are stated to have been 1 in 30 of the population = 2194138; or 525231 more than the deaths, while the increase of the population, according to the censuses, was 465310.

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* Macculloch's Statistics of the British Empire, Article "Vital Statistics."

## TABLE I.

*The Population of Sweden classified according to sex and age from four enumerations.*

| Age. | Year 1805. | | Year 1810. | | Year 1820. | | Year 1830. | |
|---|---|---|---|---|---|---|---|---|
| | Males. | Females. | Males. | Females. | Males. | Females. | Males. | Females. |
| 0 to 1 | 32591 | 32505 | 33821 | 33342 | 37079 | 36052 | 40983 | 40132 |
| 1 — 3 | 60435 | 60945 | 52006 | 52650 | 67287 | 67287 | 79054 | 79407 |
| 3 — 5 | 57100 | 57436 | 53741 | 54439 | 64873 | 64974 | 72528 | 72812 |
| 5 — 10 | 123547 | 122850 | 120157 | 120295 | 130351 | 131518 | 170878 | 169870 |
| 10 — 15 | 121946 | 120767 | 118711 | 117954 | 115187 | 115626 | 145150 | 145247 |
| 15 — 20 | 105016 | 107896 | 112241 | 114644 | 115465 | 116868 | 130368 | 132925 |
| 20 — 25 | 96072 | 104481 | 92534 | 106073 | 110730 | 114758 | 107122 | 110585 |
| 25 — 30 | 91427 | 98236 | 85065 | 97104 | 105308 | 111270 | 106353 | 110261 |
| 30 — 35 | 76675 | 85189 | 82641 | 91589 | 88115 | 97691 | 102105 | 106088 |
| 35 — 40 | 72516 | 81966 | 68454 | 76515 | 77979 | 87492 | 93658 | 100661 |
| 40 — 45 | 70116 | 78810 | 65434 | 75753 | 73443 | 83021 | 76441 | 87260 |
| 45 — 50 | 61845 | 69239 | 61056 | 69913 | 57873 | 66806 | 64762 | 76528 |
| 50 — 55 | 57012 | 64790 | 54173 | 63155 | 53463 | 63969 | 58901 | 70808 |
| 55 — 60 | 43692 | 51551 | 47040 | 55700 | 46413 | 57715 | 43507 | 54435 |
| 60 — 65 | 34077 | 41149 | 35227 | 44184 | 37409 | 48001 | 36505 | 48958 |
| 65 — 70 | 23394 | 31679 | 23671 | 30390 | 28438 | 38206 | 28246 | 39092 |
| 70 — 75 | 16606 | 23647 | 15014 | 20382 | 17469 | 24436 | 18765 | 27008 |
| 75 — 80 | 9000 | 13076 | 8480 | 12311 | 8334 | 12251 | 10459 | 16028 |
| 80 — 85 | 3903 | 6087 | 3399 | 5371 | 3157 | 5151 | 3934 | 6794 |
| 85 — 90 | 1053 | 1746 | 937 | 1711 | 911 | 1699 | 1009 | 1824 |
| 90 — 95 | 235 | 371 | 184 | 310 | 167 | 362 | 164 | 362 |
| 95 — 100 | 38 | 49 | 18 | 51 | 22 | 58 | 27 | 62 |
| 100 — | 4 | 7 | 4 | 7 | 2 | 4 | 2 | 11 |
| All ages | 1158300 | 1254472 | 1134008 | 1243843 | 1239475 | 1345215 | 1390921 | 1497161 |

## TABLE II.

*Average Annual Number of Deaths in Sweden during 5 Quinquennial Periods.*

| Age. | During the 5 years, 1806—10. | | During the 5 years, 1811—1815. | | During the 5 years, 1816—1820. | | During the 5 years, 1821—1825. | | During the 5 years, 1826—1830. | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Males. | Females. | Males. | Females. | Males. | Females. | Males. | Females. | Males. | Females. |
| 0 to 1 | 8442·6 | 7104·0 | 8345·4 | 6958·4 | 8208·8 | 6753·8 | 8315·6 | 6887·4 | 9125·0 | 7562·6 |
| 1 — 3 | 3513·8 | 3323·0 | 3256·4 | 3078·0 | 3048·2 | 2734·8 | 2798·4 | 2550·2 | 3163·6 | 2882·8 |
| 3 — 5 | 1647·4 | 1564·4 | 1164·2 | 1129·8 | 1144·2 | 1095·8 | 1001·2 | 974·8 | 1279·0 | 1218·0 |
| 5 — 10 | 1949·0 | 1774·0 | 1212·8 | 1167·6 | 1205·0 | 1099·4 | 980·8 | 954·2 | 1350·2 | 1222·2 |
| 10 — 15 | 1179·2 | 1022·8 | 740·2 | 687·4 | 614·6 | 592·2 | 548·2 | 548·8 | 647·0 | 605·8 |
| 15 — 20 | 1030·2 | 979·2 | 741·4 | 753·2 | 672·8 | 674·6 | 566·8 | 577·8 | 636·0 | 626·0 |
| 20 — 25 | 1287·6 | 1013·8 | 979·8 | 854·8 | 905·2 | 850·6 | 830·2 | 691·4 | 939·6 | 759·8 |
| 25 — 30 | 1228·4 | 1095·0 | 948·6 | 859·4 | 885·8 | 851·6 | 909·0 | 779·4 | 1141·8 | 881·6 |
| 30 — 35 | 1212·8 | 1158·0 | 1062·1 | 1012·0 | 870·8 | 892·8 | 952·6 | 831·2 | 1354·8 | 1052·4 |
| 35 — 40 | 1234·8 | 1213·4 | 1084·4 | 1041·6 | 1025·4 | 1056·8 | 933·4 | 876·4 | 1418·0 | 1142·8 |
| 40 — 45 | 1385·6 | 1370·4 | 1177·6 | 1085·0 | 1134·2 | 1055·2 | 1153·2 | 965·0 | 1476·8 | 1176·4 |
| 45 — 50 | 1566·8 | 1389·6 | 1386·0 | 1142·0 | 1138·8 | 988·8 | 1180·4 | 896·4 | 1609·4 | 1230·2 |
| 50 — 55 | 1880·6 | 1736·4 | 1597·4 | 1399·0 | 1422·0 | 1294·4 | 1253·0 | 1033·0 | 1716·2 | 1411·0 |
| 55 — 60 | 1950·8 | 1887·4 | 1683·6 | 1629·4 | 1565·2 | 1497.6 | 1460·8 | 1314·4 | 1645·0 | 1507·6 |
| 60 — 65 | 2103·4 | 2276·2 | 1930·8 | 2020·4 | 1818·6 | 1919.6 | 1668·4 | 1744·2 | 1966·2 | 2059·8 |
| 65 — 70 | 1856·6 | 2174·8 | 1810·8 | 2089·8 | 1827·2 | 2120·2 | 1686·4 | 1885·4 | 2044·6 | 2345·6 |
| 70 — 75 | 1835·4 | 2321·6 | 1604·0 | 2011·0 | 1683·0 | 2087·4 | 1691·8 | 2001·8 | 2033·6 | 2527·0 |
| 75 — 80 | 1505·6 | 2106·2 | 1218·2 | 1645·2 | 1177·0 | 1547·8 | 1208·6 | 1572·8 | 1640·2 | 2243·8 |
| 80 — 85 | 923·8 | 1377·8 | 775·0 | 1149·6 | 712·6 | 1085·2 | 706·6 | 1001·0 | 957·4 | 1386·4 |
| 85 — 90 | 377·6 | 618·8 | 303·2 | 510·6 | 310·0 | 509·2 | 268·6 | 442·6 | 322·0 | 561·4 |
| 90 — 95 | | | 74·8 | 156·0 | 65·8 | 136·0 | 76·6 | 152·4 | 71·8 | 156·0 |
| 95 — 100 | 93·2 | 187·2 | 0·2 | 1·2 | 15·4 | 30·2 | 11·4 | 31·0 | 15·2 | 36·6 |
| 100 — | | | | | 1·4 | 3·0 | 1·8 | 3·4 | 1·4 | 4·8 |
| All ages | 38204·6 | 37694·0 | 33097·6 | 32381·4 | 31452·0 | 30877·0 | 30203·8 | 28715·0 | 36554·8 | 34600·6 |

## TABLE III.

*Deaths out of* 100 *constantly living at different ages in Sweden during the twenty years*, 1811—30.

| AGE. | MALES. | | | FEMALES. | | | TWO SEXES. |
|---|---|---|---|---|---|---|---|
| | 1811—20 | 1821—30 | Mean. | 1811—20 | 1821—30 | Mean | Mean. |
| 0 to 1 | 23·349 | 22·342 | 22·845 | 19·760 | 18·967 | 19·363 | 21·104 |
| 1 — 3 | 5·285 | 4·074 | 4·679 | 4·847 | 3·704 | 4·275 | 4·477 |
| 3 — 5 | 1·946 | 1·659 | 1·802 | 1·864 | 1·591 | 1·727 | 1·764 |
| 0 — 5 | 8·150 | 7·098 | 7·624 | 7·045 | 6·121 | 6·583 | 7·103 |
| 5 — 10 | ·965 | ·774 | ·869 | ·900 | ·722 | ·811 | ·840 |
| 10 — 15 | ·579 | ·459 | ·519 | ·548 | ·443 | ·495 | ·507 |
| 15 — 20 | ·621 | ·489 | ·555 | ·617 | ·482 | ·549 | ·552 |
| 20 — 25 | ·927 | ·812 | ·869 | ·772 | ·644 | ·708 | ·788 |
| 25 — 30 | ·964 | ·969 | ·966 | ·821 | ·750 | ·785 | ·875 |
| 30 — 35 | 1·132 | 1·213 | 1·172 | 1·006 | ·924 | ·965 | 1·068 |
| 35 — 40 | 1·441 | 1·370 | 1·405 | 1·279 | 1·073 | 1·176 | 1·290 |
| 40 — 45 | 1·665 | 1·755 | 1·710 | 1·348 | 1·257 | 1·302 | 1·506 |
| 45 — 50 | 2·123 | 2·275 | 2·199 | 1·558 | 1·484 | 1·521 | 1·860 |
| 50 — 55 | 2·801 | 2·642 | 2·721 | 2·119 | 1·813 | 1·966 | 2·343 |
| 55 — 60 | 3·476 | 3·454 | 3·465 | 2·757 | 2·516 | 2·636 | 3·050 |
| 60 — 65 | 5·162 | 4·917 | 5·039 | 4·274 | 3·923 | 4·098 | 4·568 |
| 65 — 70 | 6·982 | 6·582 | 6·782 | 6·137 | 5·474 | 5·805 | 6·293 |
| 70 — 75 | 10·119 | 10·281 | 10·200 | 9·144 | 8·803 | 8·973 | 9·586 |
| 75 — 80 | 14·245 | 15·159 | 14·702 | 13·000 | 13·496 | 13·248 | 13·975 |
| 80 — 85 | 22·691 | 23·466 | 23·078 | 21·240 | 19·987 | 20·613 | 21·845 |
| 85 — 90 | 33·182 | 30·760 | 31·971 | 29·906 | 28·499 | 29·202 | 30·586 |
| 90 — 95 | 40·057 | 44·834 | 42·495 | 43·453 | 42·597 | 43·025 | 42·760 |
| 95 — 100 | 39·000 | 54·286 | —— | 28·666 | 56·333 | —— | —— |
| 100 — | | 80·000 | —— | | 54·667 | —— | —— |
| All ages | 2·720 | 2·538 | 2·629 | 2·443 | 2·228 | 2·336 | 2·482 |

# TABLE IV.

*Deaths in Sweden from various causes during the twenty-five years* 1806-30.

| | 5 years, 1806-10. | | 5 years, 1811-15. | | 5 years, 1816-20. | | 5 years, 1821-25. | | 5 years, 1826-30. | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Males. | Females | Males. | Females | Males. | Females | Males. | Females | Males. | Females |
| Died of Childbed or Miscarriage ... | | 3294 | | 3181 | | 3170 | | 3226 | | 3184 |
| Small Pox.................... | 4322 | 4311 | 1228 | 1201 | 757 | 784 | 1079 | 869 | 876 | 763 |
| Hooping Cough................ | 4492 | 5332 | 4563 | 5350 | 3856 | 4523 | 4959 | 5619 | 5746 | 6382 |
| Measles...................... | 2733 | 2593 | 3601 | 3553 | 3098 | 2960 | 4265 | 4306 | 5862 | 5434 |
| Scarlet Fever................ | 404 | 365 | Not se | parated | from | Fevers. | 609 | 579 | 927 | 907 |
| Putrid Fever................. | 18644 | 17781 | 9301 | 9042 | 5905 | 5658 | 1507 | 1492 | 537 | 488 |
| VIOLENT DEATHS. | | | | | | | | | | |
| Children suffocated through the carelessness of nurses........ | 937 | 966 | 961 | 947 | 902 | 818 | 994 | 947 | 1002 | 984 |
| Murders Children............ | 30 | 21 | 30 | 19 | 31 | 16 | 30 | 30 | 43 | 22 |
| Adults.............. | 93 | 24 | 81 | 17 | 107 | 35 | 144 | 34 | 126 | 25 |
| Executed according to law........ | 13 | 9 | 34 | 12 | 42 | 8 | 30 | 9 | 61 | 12 |
| Suicides..................... | 290 | 109 | 315 | 122 | 497 | 113 | 583 | 172 | 718 | 165 |
| Drowned...................... | 3001 | 574 | 3209 | 679 | 3498 | 750 | 4743 | 886 | 4393 | 784 |
| By Accidents................. | 2386 | 767 | 2118 | 633 | 2144 | 652 | 2696 | 898 | 2872 | 789 |
| By Ardent Spirits ............ | 67 | 5 | 60 | 6 | 75 | 2 | 166 | 24 | 188 | 26 |

# NOTICES TO CORRESPONDENTS.

Dr. M'Divitt, Canterbury —When the article arrived, there was not room for the insertion of all the Tables. It is one of the most important contributions, in matter and manner, to Hospital Statistics we have seen; and shall appear in the next Supplement.

Rev. Charles Oxenden, Bishopsbourne.—The two articles came too late; but shall enrich our pages next year. The subject,—" The Medical Staffs of Hospitals,"—is of great importance, and is set in a new light.

Dr. Cleland, Glasgow.—We beg to acknowledge Dr. Cleland's favour. The " Statistics of Glasgow and Lanarkshire," is like all Dr. Cleland's works, an invaluable addition to Statistical Science.

Dr. M. S. Buchanan and Dr. Cowan.—The " History of the Glasgow Royal Infirmary," and the " Statistics of Fever and Small Pox, in Glasgow," are highly instructive. We hope to procure an article on the Vital Statistics of Glasgow, for the next Supplement.

T. B. Curling, Esq.—The valuable Table and Observations shall appear in the next Almanack.

Report on the Medical Statistics of the Troops in the Colonies.—We have just learned that the first part of this important work, which has been for the last two years in progress, is now in the press, and will probably be before the public in the course of a few weeks. We trust that it will be published as a parliamentary document, that so valuable a source of Medical information may be accessible at a moderate price, to all who feel interested in its details.

Booth Eddison, Esq.—The elaborate Statistical Table in the Report of the Nottingham General Infirmary is highly creditable to that Institution. The example should be followed.

We beg to acknowledge the receipt of much valuable information, and many suggestions, from Dr. Elmhirst, and Dr. Charlesworth, Lincoln; Dr. Barlow, Bath; R. Smith, Esq., Bristol; J. H. James, Esq., Exeter; J. Garthside, Esq., Liverpool; Dr. Cumming, Denbigh; G. W. Charlton, Esq., Gloucester; Dr. MacPherson; B. Blower, Esq.; Mungo Park, Esq., Norham; H. Peacocke, Esq., Halifax; Veritas, Manchester, and other correspondents.

N. B. This publication will be commenced as early as June next year; Correspondents will therefore be pleased to forward their communications as soon as convenient, addressed " To the Editor of the Medical Annual, Mr. Churchill, Publisher, Princes-street, Soho." Irish communications should be forwarded, addressed to the Editor, at Fannin's, Dublin; Scotch communications to MacLachlan's or Carfrae's, Edinburgh.

Short notices of the deaths of *all medical men are requested*, to form an annual obituary.